

BOARD OF COUNTY ROAD COMMISSIONERS
COUNTY OF LAKE

RIGHT OF WAY PERMIT

CALL MISS DIG
72 HOURS BEFORE YOU DIG
1-800-482-7171

1180 N. Michigan Ave.
PO Box 790
Baldwin, MI 49304
Ph: 231-745-4666
Fx: 231-745-6227

Permit # _____
Date _____
Annual Permit _____
Receipt # _____

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

As Agrees to the Terms of this Permit.

Signature _____ Date _____

ALTERATION OR REMOVAL MAY BE REQUIRED BY THE BOARD AT ANY TIME.

For underground construction give depth to top of facility. Indicate distance from centerline of facility to centerline of road and near edge of road surface. SPECIFY OTHER PERTINENT DETAILS.

APPLICATION

Applicant and/or Contractor request a permit for the purpose indicated in the attached plans and specifications at the following location:

City _____ Township _____ Section _____

Name of Road(s) _____

For Period Beginning _____ And Ending _____

Description of work to be completed _____

FINANCIAL REQUIREMENTS

BOND: _____

PROOF OF
INSURANCE: _____

PERMIT FEE: _____

The construction and work described above shall be accomplished in accordance with approved plans, specifications, maps and statements filed with the Board and which are incorporated and made a part of this permit.

BOARD OF COUNTY ROAD COMMISSIONERS
Lake County, Michigan

BY: _____ TITLE: _____ DATE: _____