

APPLICATION AND PERMIT

to construct, operate, maintain, use and/or remove
within a county road right-of-way

CRA100

PERMIT NUMBER _____

ISSUANCE DATE _____

BOARD OF COUNTY ROAD COMMISSIONERS OF CLINTON COUNTY, MICHIGAN

3536 S. US Highway 27, ST. JOHNS, MI 48879

Phone: (989) 224-3274 - Fax: (989) 224-4003 - E-Mail: ccrc@ccrc-roads.com

If applicant hires a contractor to perform the work, **BOTH** must complete this form and **BOTH** assume responsibility for the provisions of this application and Permit.

APPLICANT		CONTRACTOR	
NAME: _____		NAME: _____	
ADDRESS: _____		ADDRESS: _____	
ZIP: _____		ZIP: _____	
TELEPHONE #: _____		TELEPHONE #: _____	
X: _____ Applicant's Signature		X: _____ Contractor's Signature	
Title: _____ Date: _____		Title: _____ Date: _____	
FINANCIAL REQUIREMENTS		ATTACHMENT'S REQUIRED	
Application Fee: \$ _____		Plans and Specs: _____	
Permit Fee: \$ _____		Letter of Credit: _____	
Est. Inspect Fee: \$ _____		Proof of Insurance: Yes: _____ No: _____	
Deposit: \$ _____		P.I.: \$ _____ P.D.: \$ _____	
Letter of Credit: \$ _____		Other: _____	
Other: \$ _____			
To Be Billed: \$ _____			
Receipt Number: _____			
Dated: _____			

APPLICATION

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

CITY: _____ or TOWNSHIP: _____ SECTION: _____

NAME OF ROAD: _____ between _____ and _____

for a period beginning: _____ and ending: _____

and agrees to the terms of the permit.

DESCRIPTION OF WORK TO BE DONE: _____

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed to by the Permit Holder. When Applicant hires a Contractor the "Permit Holder" is the Applicant and the Contractor.

RECOMMENDED FOR ISSUANCE: _____
(Date)

BOARD OF COUNTY ROAD COMMISSIONER
CLINTON COUNTY, MICHIGAN

Permit Coordinator

Managing Director