CITY OF DEARBORN HEIGHTS

Department of Building & Engineering
6045 Fenton, Dearborn Heights, Michigan 48127
(313)277-7306

APPLICATION FOR USE/DISRUPTION OF CITY RIGHT-OF-WAY

(In accordance with No. Ordinance H-00-03 for Right-of-Way Management)

DATE _____

APPLICANT	ADDRESS	CITY, STATE, ZIP	PHONE NO.
CONTRACTOR (IF DIFFERENT FROM APPLICANT)	ADDRESS	CITY, STATE, ZIP	PHONE NO.

DESCRIPTION OF PROPOSED WORK (INCLUDING DIAMETER/SIZE, DEPTH/HEIGHT ABOVE GROUND, MATERIALS, ETC.)

_____

_____

_____

_____

IF AERIAL IMPROVEMENTS, ARE EXISITNG POLES TO BE REUSED? (Y/N) OWNER OF POLES _____

USE PERMIT

TOTAL LENGTH USED/OCCUPIED (FT.) _____
TOTAL AREA USED/OCCUPIED (SQ. FT.) _____

FEES AND SCHEDULES

DESCRIPTION	SCHEDULE	COST FOR THIS PERMIT
APPLICATION FEE	$500	$ 500
APPLICATION REVIEW AND PROCESSING FEE	ACTUAL COST	$
USE FEES		
AERIAL IMPROVEMENTS	$0.25/FT.	$
UNDERGROUND IMPROVEMENTS	$0.40/FT.	$
OCCUPANCY FEES (IF APPLICABLE)		
AERIAL IMPROVEMENTS	$1.00/SQ. FT.	$
UNDERGROUND IMPROVEMENTS	$1.60/SQ. FT.	$
MINIMUM FEE	$25	$
R.O.W. USE WITHOUT PERMIT	$100/DAY	$
TOTAL FEE		$

APPLICATION REVIEWED BY	INITIAL	DATE	APPROVED (YES/NO)
BUILDING & ENGINEERING DEPT.			
DEPT. OF PUBLIC SERVICES			
CONSULTING ENGINEER			
OTHER DEPARTMENT/EMPLOYEE			

DISRUPTION PERMIT

TOTAL LENGTH DISRUPTED (FT.) _____
TOTAL AREA DISRUPTED (SQ. FT.) _____

FEES AND SCHEDULES

DESCRIPTION	SCHEDULE	COST FOR THIS PERMIT
APPLICATION FEE	$500	$ 500
APPLICATION REVIEW AND PROCESSING FEE	ACTUAL COST	$
TIME EVENT FEE	$500/WEEK	$
TIME EXTENSION FEE	$500	$
R.O.W. USE WITHOUT PERMIT	$100/DAY	$
TOTAL FEE		$

SCHEDULE OF PROPOSED WORK

START DATE: ____________
NO. OF WEEKS TO COMPLETE (INCLUDING RESTORATION): _____
METHOD OF RESTORATION: _____

INSPECTION BY (NAME/DEPARTMENT): _____
TELEPHONE NO.: _____

INSURANCE REQUIREMENTS (ATTACH INSURANCE CERTIFICATE TO APPLICATION)

GENERAL LIABILITY	$3 MILLION (MIN)
AUTO	$2 MILLION (MIN)
OWNER'S CONTRACTOR'S PROTECTIVE	$2 MILLION (MIN)

COMMENTS _____

_____

_____

PERMIT APPROVED/DENIED BY:
(PLEASE CIRCLE ONE)

_____
(NAME/TITLE)

_____
(SIGNATURE)

DATE: _____

WORK INSPECTED AND ACCEPTED BY:

_____
(NAME/TITLE)

_____
(SIGNATURE)

DATE: _____