

CITY OF LAINGSBURG
DEPARTMENT OF PUBLIC WORKS
114 N. WOODHULL ST.
P.O. BOX 178
LAINGSBURG, MICHIGAN 48848

FOR OFFICE USE ONLY

PERMIT#: _____
DATE: _____
INSURANCE () _____

**APPLICATION FOR PERMIT
OCCUPANCY OF OR WORK WITHIN STREET RIGHT-OF-WAY**

<u>TYPE OF WORK</u>	<u>CHECK TYPE OF WORK</u>	<u>CHECK ONE</u>
Sanitary Sewer	()	INSTALLATION ()
Storm Sewer	()	REPAIR ()
Driveway	()	RECEIPT NO. ()
Sidewalk	()	DEPOSIT ()
Curb & Gutter	()	PREPAID DEPOSIT ()
Other _____		Elec. ___ Gas ___ Water ___ Sewer ___ Cable ___

Location	Property Owner
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CONTRACTOR	CONTRACTOR'S TELEPHONE NUMBER
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This application must be submitted 72 hours before you plan to commence work. This permit will not be issued unless the contractor/owner has the proper insurance on file with the Department of Public Works and the City is named as an insured party.

Work will begin on about _____ and will be completed on/about _____.

NOTE: This permit is granted on the express condition that underground utility connections will not be covered until they are inspected by the City of Laingsburg. Please notify the Department of Public Works at 517-651-6101 when the final connection has been made but before backfilling. In the case of driveway approaches, sidewalk installations and curb and gutter removal and replacement permits, the owner or contractor must notify the Department of Public Works at 517-651-6101 after the forms are placed and prior to placing the concrete or surfacing materials. (For your own protection, please do not order the concrete until after the inspection has been made.) Completed work must also be inspected.

Copies of this permit are given to: Applicant, Treasurer and Dept. of Public Works.

I will comply completely with the City Ordinances and Rules and Regulations set forth on the attached form and indemnify, defend and hold harmless the City of Laingsburg and its employees from any court action resulting from this activity.

Signature of Liability Insurance Holder

Inspector's Comments:

Inspection: 1) _____ 2) _____ Final Inspection ()

Issued by: _____
Street Administrator

