

Right-of-Way Permit Application

1. APPLICANT

DATE: _____

Name _____ Street Address _____

City _____ State _____ Zip Code _____ Cell Phone _____

Home Phone _____ Email Address _____

Name of Business, if applicable: _____

2. LOCATION OF WORK

Street Name _____ between _____ and _____

3. DATES OF WORK

Work Starting: _____ Work Ending: _____

4. DESCRIPTION OF WORK TO BE PERFORMED

5. TYPE OF WORK

- | | | |
|-----------------------------------------|------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Cable, Electric, Gas or Telephone | <input type="checkbox"/> Water Main |
| <input type="checkbox"/> Drive Approach | <input type="checkbox"/> Sanitary or Storm Sewer | <input type="checkbox"/> Other _____ |

6. ATTACHMENTS REQUIRED

- Proof of Insurance.

Insurance coverage must be with a company licensed and admitted to do business in the State of Michigan.

Workers Compensation Insurance: Must be maintained during the life of this contract, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

Commercial General Liability Insurance: Must be maintained during the life of this contract, on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; and (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

Motor Vehicle Liability Insurance: The Contractor shall maintain during the life of this contract Motor Vehicle Liability Insurance, including Michigan No-Fault coverages, with limits of liability not less than \$1,000,000 per occurrence combined single limit, Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

Cancellation Notice: All provided insurance shall include an endorsement stating the following: "It is understood and agreed that thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be sent to: City Clerk, City of Algonac, 805 St Clair River Drive, Algonac, Michigan 48001."

7. SIGNATURE REQUIRED

Applicant Signature: _____ Date: _____

ROW PERMIT FEE: \$ _____

ESTIMATED INSPECTION FEE: \$ _____

BOND: \$ _____

TOTAL FEE: \$ _____

ISSUED BY: _____ **DATE:** _____

SPECIAL CONDITIONS: _____

PERMIT NUMBER: _____

RECEIPT NUMBER: _____