City of Algonac

805 St. Clair River Drive, PO Box 454
Algonac, MI 48001
810-794-9361. www.cityofalgonac.org.

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

- ❑ Annual
- ❑ Drive Approach
- ❑ Cable, Electric, Gas or Telephone
- ❑ Sanitary or Storm Sewer
- ❑ Water Main
- ❑ 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: **$ 55.00**

ESTIMATED INSPECTION FEE: **$_____**

BOND: **$_____**

TOTAL FEE: **$_____**

ISSUED BY: _____ DATE: _____

SPECIAL CONDITIONS: _____

PERMIT NUMBER: _____

RECEIPT NUMBER: _____