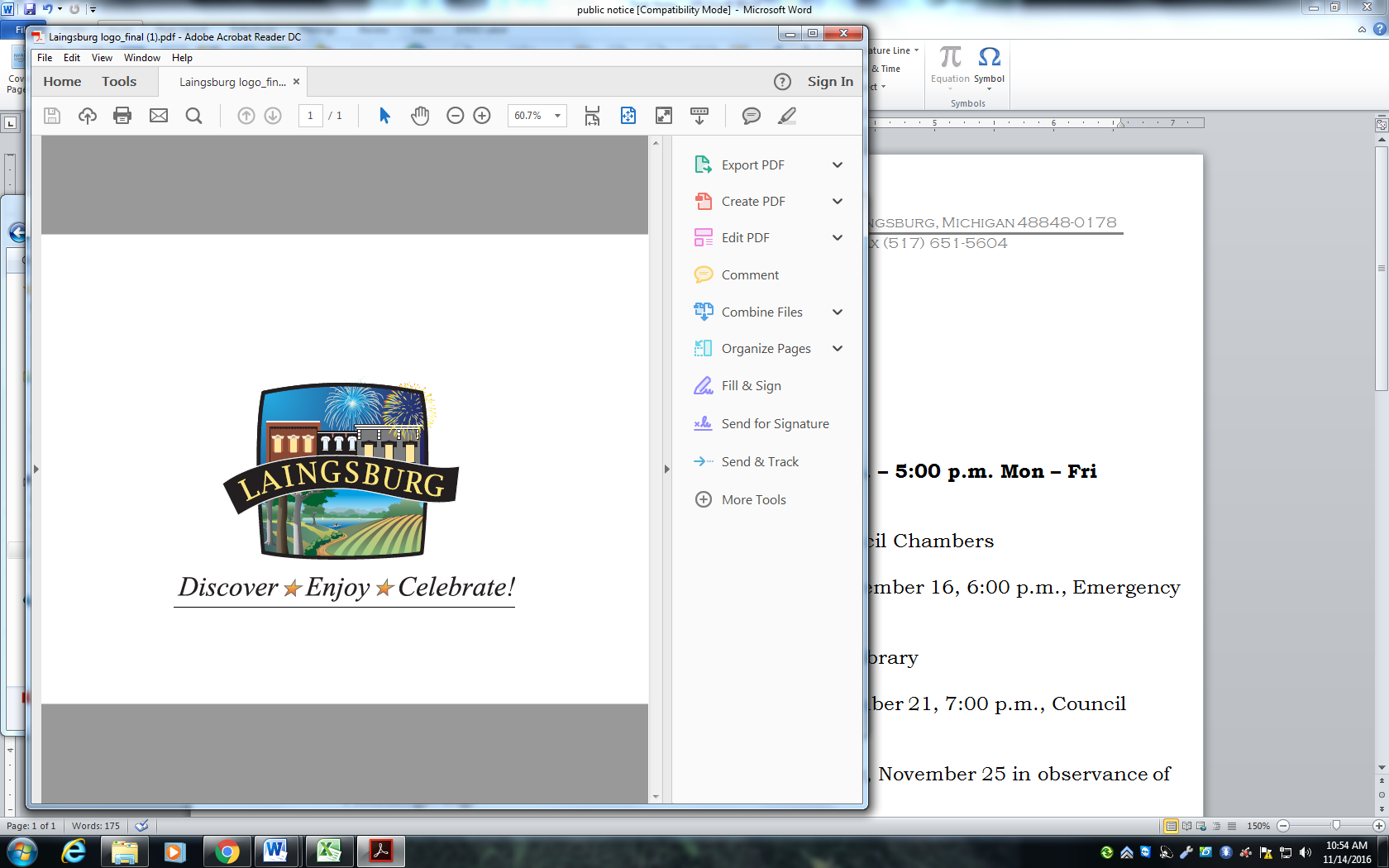
**Application for Permit**



**Occupancy of or work within Street Right-of-Way**

City of Laingsburg Office Use Only:

Department of Public Works Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

114 N Woodhull St Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Box 178 Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laingsburg, MI 48848

Type of Work- Check the type of work and what will be done

( ) Sanitary Sewer ( ) Installation

( ) Storm Sewer ( ) Repair

( ) Driveway ( ) Receipt No.

( ) Sidewalk ( ) Deposit

( ) Curb & Gutter ( )Prepaid Deposit

( ) Other Electric\_\_\_ Gas\_\_\_ Sewer\_\_\_ Cable\_\_\_

|  |  |
| --- | --- |
| Property Owner: | Location: |
| Contractor: | Contractor Information: |

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: | Work will be completed by: |

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 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 Department of Public Works

I will comply completely with the City Ordinances 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: |

|  |
| --- |
| Inspectors Comments: |

Inspection: 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Administrator