



VILLAGE OF  
**PINCKNEY**

220 S Howell Street, Pinckney Mi 48169  
Phone: 734-878-6206 Fax 734-878-9749

**APPLICATION FOR AUTHORIZATION TO  
CONSTRUCT UTILITIES, EXCAVATE, OR  
PERFORM WORK IN VILLAGE STREETS OR  
RIGHT-OF-WAY**

Permit # _____	Fee Paid ___ \$ _____
	Escrow Paid_ \$ _____
Escrow funds will be refunded upon satisfactory completion of all described work less any costs for damages, consultant fees, etc. as required.	

Type of Project: \_\_\_\_\_

Streets or Right-of-Ways where work is to be performed or excavated: \_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contractor: \_\_\_\_\_ License# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Authorized Representative on-site: \_\_\_\_\_

Contact/Cell #: \_\_\_\_\_

- Contractor must notify the Department of Public Works at least 48 hours prior to the start day
- Contractor is responsible for all barricading and traffic control and must conform with MIOSHA standards and Michigan Traffic Control laws.

Certificate of Liability Insurance Provided with the Village as a named insured (if applicable)

Detailed Drawing of proposed project

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit approved  Fee Paid\_ \$ \_\_\_\_\_ Escrow Paid\_ \$ \_\_\_\_\_ Check# \_\_\_\_\_

Permit Denied Reason for denial: \_\_\_\_\_

Signature of DPW Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Administrator \_\_\_\_\_ Date: \_\_\_\_\_

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Permit # \_\_\_\_\_

Project Location: \_\_\_\_\_

Initial Field Inspection Date: \_\_\_\_\_

Pass

Fail

Comments: \_\_\_\_\_

Additional Field Inspection Date: \_\_\_\_\_

Pass

Fail

Comments: \_\_\_\_\_

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Work Completed as described:

Signature of DPW Director: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Utility Right-of-Way Permits</b>	
Driveway Permit - Residential	\$100 + \$1,000 escrow
Driveway Permit - Commercial	\$250 + \$5,000 escrow
Minor maintenance	\$250 + \$1,000 escrow
Bore, jack and tunnel	\$250 + \$1,000 escrow
Pavement cutting	\$400 + \$1,000 escrow
Major maintenance	\$500 + \$1,000 escrow
Annual Blanket	\$3,000 + \$1,000 escrow

Authorize refund of escrow funds.

Charges deducted from initial deposit: \_\_\_\_\_

Escrow funds released/refunded: \_\$ \_\_\_\_\_ Acct. # \_\_\_\_\_ Date: \_\_\_\_\_