



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: _____

Property owner where work will take place (if applicable): _____

Address: _____

Phone: _____ Email _____

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: _____

Permit # _____

Project Location: _____

Initial Field Inspection Date: _____ Pass

Fail

Comments: _____

Additional Field Inspection Date: _____ Pass

Fail

Comments: _____

Work Completed as described:

Signature of DPW Director: _____ Date: _____

Utility Right-of-Way Permits	
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: _____