



# City of Petoskey

Department of Public Works

101 East Lake Street, Petoskey, Michigan 49770 • 231 347-2500 • Fax 231 348-0355

## PERMIT TO USE PUBLIC RIGHT-OF-WAY

### PROPOSED USE

- |  |                                      |  |                                      |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Curb cut/driveway | <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Cable TV    |
| <input type="checkbox"/> Water tap         | <input type="checkbox"/> Parking     | <input type="checkbox"/> Tree Planting     | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Sanitary Sewer    | <input type="checkbox"/> Sidewalk    | <input type="checkbox"/> Phone Cable       | <input type="checkbox"/> Sign/Awning |
| <input type="checkbox"/> Other _____       |                                      |  |                                      |

### BEFORE YOU DIG, CALL MISS DIG 1-800-482-7171

Description of work:

\_\_\_\_\_

Date of proposed work: \_\_\_\_\_ Depth of Excavation: \_\_\_\_\_

Plans Attached \_\_\_\_\_

### APPLICANT INFORMATION

Owner: \_\_\_\_\_ Phone: Home/Work: \_\_\_\_\_

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

Contractor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Subcontractor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

### LOCATION

Street Address: \_\_\_\_\_ Tax Parcel: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

### APPLICANT SIGNATURE

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

### OFFICE USE

If curb lawn use: Date of Planning Commission Action: \_\_\_\_\_, 20\_\_\_\_ Approved Denied

Staff Analysis and Report: \_\_\_\_\_

- |  |                    |  |
|--|--------------------|--|
| <input type="checkbox"/> Permit Approved                   | Approved by: _____ | <input type="checkbox"/> Fee: _____          |
| <input type="checkbox"/> Permit approved subject to: _____ | _____              | <input type="checkbox"/> No Fee Required     |
| _____  | _____              | Date Paid: _____ 20____                      |
| _____  | _____              | <input type="checkbox"/> Deposit: _____      |
| _____  | _____              | <input type="checkbox"/> No Deposit Required |
| _____  | _____              | <input type="checkbox"/> Permit denied       |
| _____  | _____              | Date Refunded: _____ 20____                  |
| _____  | _____              |  |

CITY OF PETOSKEY  
101 E. LAKE STREET  
PETOSKEY, MI 49770  
(231) 347-2500

**RIGHT-OF-WAY EXCAVATING / OCCUPANCY DEPOSIT**

DATE: \_\_\_\_\_

NAME FOR REFUNDING DEPOSIT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_

RIGHT-OF-WAY PERMIT DONE:      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

**Deposit amount will be refunded after street work is completely repaired and inspected by our Department of Public Works. If street repair is not satisfactory, the deposit will be applied to our cost of repairing the street plus 20% overhead. A bill to the property owner will be generated for the difference.**

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT OF DEPOSIT REFUND: \_\_\_\_\_

ACCOUNT NO. & AMOUNT OF DEPOSIT APPLIED: \_\_\_\_\_