

APPLICATION AND PERMIT

CRA100
Revised 6/01

to construct, operate, maintain, use and/or remove
within a county road right-of-way

CD
PERMIT NUMBER

ISSUANCE DATE

BOARD OF COUNTY ROAD COMMISSIONERS OF CLINTON COUNTY, MICHIGAN

3536 S. BR127, ST. JOHNS, MI 48879

Phone: (989) 224-3274 - Fax: (989) 224-4003 - E-Mail: ccrc@ccrc-roads.com

If applicant hires a contractor to perform the work, **BOTH** must complete this form and **BOTH** assume responsibility for the provisions of this application and Permit.

APPLICANT	CONTRACTOR
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
ZIP: _____	ZIP: _____
TELEPHONE #: _____	TELEPHONE #: _____

Applicant's Signature Title: _____ Date: _____	Contractor's Signature Title: _____ Date: _____
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FINANCIAL REQUIREMENTS	ATTACHMENT'S REQUIRED
Application Fee: \$ _____	Plans and Specs: _____
Permit Fee: \$ _____	Letter of Credit: _____
Est. Inspect Fee: \$ _____	Proof of Insurance: Yes: _____ No: _____
Deposit: \$ _____	P.I.: \$ _____ P.D.: \$ _____
Letter of Credit: \$ _____	Other: _____
Other: \$ _____	
To Be Billed: \$ _____	
Receipt Number: _____	
Dated: _____	

APPLICATION

Applicant and/or Contractor request a Permit for the purpose indicated
in the attached plans and specifications at the following location:

CITY: _____ or TOWNSHIP: _____ SECTION: _____

NAME OF ROAD: _____ between _____ and _____

for a period beginning: _____ and ending: _____

and agrees to the terms of the permit.

DESCRIPTION OF WORK TO BE DONE: _____

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed to by the Permit Holder. When Applicant hires a Contractor the "Permit Holder" is the Applicant and the Contractor.

RECOMMENDED FOR ISSUANCE: _____
(Date)

BOARD OF COUNTY ROAD COMMISSIONERS
CLINTON COUNTY, MICHIGAN

Permit Coordinator

Managing Director