



225 Camburn St.
 P.O. Box 449
 Stanton, MI 48888
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Right-of-Way Permit

1. Project Information

Address:	Proposed Activity:
Date Project will begin and end:	24 Hr Emergency Contact:

2. Contractor Information

Name:	Address:
Phone:	Email:

3. Property Owner Information

Name:	Address:
Phone:	Email:

4. Project Details

Describe project in detail:	Provide soil erosion and sediment control plan (if applicable):
Are any street lane closures anticipated? If yes , a traffic control plan must be attached.	Provide Contractors Insurance Certificate (please attach with permit)

5. Restoration

Entity responsible for restoration of right-of-way: Applicant or City of Stanton <i>If City restores right-of-way, applicant is responsible for all related fees.</i>	<u>Office use only</u> Estimate for City of Stanton to do Restoration: \$_____._____ Estimate prepared by:
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6. Required Attachments

- | | |
|--|--|
| <ul style="list-style-type: none"> • Traffic Control Plan (if project requires lane closure) • Site sketch showing proposed activity | <ul style="list-style-type: none"> • Certificate of Insurance from Contractor • Required Fee |
|--|--|

7. Fees

Right-of-Way Permit Fee: \$50.00

8. Right-of-Way Permit Application Procedures

- The complete Right-of-Way Permit Application is to be submitted to the City Manager
- Any questions on restoration or requirements should be forwarded to the Director of Public Works

By signing below, the applicant agrees to perform the described work in accordance with all guidelines and requirements from the City of Stanton.

Signature of Contractor: _____

Date: _____

Print Name: _____

Signature of Owner: _____

Date: _____

Print Name: _____

Office Use Only

Permit #:	Date Received:	Fee:
Date of Approval:	Date of Denial:	Approved by: