



INSTRUCTIONS TO APPLY FOR MISCELLANEOUS USE OF RIGHT-OF-WAY PERMIT

1. Fill in the miscellaneous use of right-of-way permit application as completely as possible, including applicant/property owner and contractor information, if known at the time of application (contractor shall be provided prior to permit issuance). This application has “fill-in form” capability to then print for submittal, if you have obtained the application by email or via the website.
2. Provide detailed sketching and location of proposed work along with an itemized estimate of cost for all work in the County road right-of-way shall be submitted along with the permit fee (see excerpt of permit fee schedule below). Additional information may be required based on the scope of the project involved, however, please allow thirty days for review and comment of a plan submittal.
3. Return the completed application, three sets of plans and permit fee to:

Washtenaw County Road Commission
Permit Engineering Section
555 N. Zeeb Road
Ann Arbor, MI 48103
(734) 761-1500 Phone
(734) 761-3737 Fax

4. Pertinent Permit Fees are scheduled as follows:
 - Grading/Drainage Permit Fee- \$100.00
 - Soil Borings Permit Fee- \$75.00
 - Surveying Permit Fee- \$40.00
 - Road Closure/Parade Permit Fee- \$40.00
 - Banner/Decorations Permit Fee- No Charge
 - Monitoring Well Permit Fee- \$40.00
 - Landscaping Permit Fee- \$50.00
 - Tree installation and replacement permits are issued for curbed residential subdivision streets **ONLY**. **No** evergreen trees will be permitted and only deciduous trees offset at least 5’ from back-of-curb will be allowed. Trees must be installed or replaced in a location that preserves an adequate sight distance (Procedures & Regulations for Developing Public Roads, figures 32 & 33).
 - Plan Review & Field Inspection –*Regular work hours* are 7:00 a.m. – 3:30 p.m., Monday – Friday, except holidays observed by the Road Commission. Costs will be billed at the current hourly rate for the employee and equipment involved, plus fringe benefits and overhead. *Overtime* costs will be billed at 1 ½ times the current hourly rate for the employee involved, plus the regular rate for the equipment involved, plus fringe benefits and overhead.
 - The applicant will be liable for any and all permit review and inspection fees, unless otherwise noted on the permit application. Any unexpended fund balance will be refunded following the completion of work. An invoice with an itemized statement will be generated for deficit accounts on a monthly basis. Non-payment of an invoice will result in suspension of the review process or a Stop Work Order during construction.
 - Cash advances, as determined by the Road Commission, will be paid by the applicant prior to permit issuance. Security will be provided by the applicant, as determined by the Road Commission, to ensure proper construction and restoration in the right-of-way. Security for Right-of-Way restoration will be provided in the form of an irrevocable bank letter of credit, cash or cashier’s check. Surety bonds, on forms provided by the Road Commission, are acceptable alternatives for utility permits only.
5. A certificate of general liability insurance for the contractor naming the Washtenaw County Road Commission additionally insured and certificate holder shall be placed on file with the Permit Section. Contact our office at 734.761.1500 or via the website at www.wcroads.org for additional insurance requirements.
6. An original signature from the applicant and contractor shall be obtained upon permit issuance.

If you have any questions concerning this process, please contact the Permit Engineering Section at the Washtenaw County Road Commission at 734.761.1500 between the hours of 7:00 a.m. and 3:30 p.m., Monday-Friday.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

| | |
|-----------------|---|
| PRODUCER | <p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <p style="text-align: center;">INSURERS AFFORDING COVERAGE</p> |
| INSURED | INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | | | | | |
|----------|--|---------------|----------------------------------|-----------------------------------|---|--|----------------------|--------|--|--|--------------------|--|----|--|----------------------------|--|----|--|-----------------------------|--|----|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <hr/> _____ | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | | | | | | | | | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <hr/> _____ | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | | | | | | | | | |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ | | | | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">WC STATU-TORY LIMITS</td> <td style="width:10%;">OTH-ER</td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table> | | WC STATU-TORY LIMITS | OTH-ER | | | E.L. EACH ACCIDENT | | \$ | | E.L. DISEASE - EA EMPLOYEE | | \$ | | E.L. DISEASE - POLICY LIMIT | | \$ |
| | WC STATU-TORY LIMITS | OTH-ER | | | | | | | | | | | | | | | | | | | |
| | E.L. EACH ACCIDENT | | \$ | | | | | | | | | | | | | | | | | | |
| | E.L. DISEASE - EA EMPLOYEE | | \$ | | | | | | | | | | | | | | | | | | |
| | E.L. DISEASE - POLICY LIMIT | | \$ | | | | | | | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

| | | |
|---------------------------|---|---|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER: _____ | CANCELLATION |
| | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> |

Washtenaw County Road Commission

Permit Engineering Section

555 N. Zeeb Road
Ann Arbor, MI 48103
(734) 761-1500 Phone
(734) 761-3737 Fax

APPLICATION FOR MISCELLANEOUS USE OF RIGHT-OF-WAY PERMIT

Date of Application _____

Application # _____

APPLICANT/ PROPERTY OWNER

CONTRACTOR

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Contact Person _____

Contact Person _____

Telephone _____ Fax _____

Telephone _____ Fax _____

Email: _____

Email: _____

Site Location _____ Between _____ And _____

Township _____ Side of Road N S W E Tax ID Number ____-____-____-____

Type of Work: Grading/Drainage Soil Borings Surveying Monitoring Well

Road Closure/Parade Banner/Decorations Tree within r-o-w INSTALLATION

Tree within r-o-w REMOVAL/REPLACEMENT

Provide a description of the type of proposed work, supplemental to detailed sketching.

ROAD COMMISSION USE

| | | | | | |
|--------------------|----|-----------|--|----|-----------|
| Permit | \$ | Receipt # | Cash Deposit OR LOC OR Surety Bond | \$ | Receipt # |
| Inspection | \$ | | | \$ | LOC # |
| Advanced Account # | | | | \$ | Surety # |
| Other | \$ | Receipt # | Other | \$ | Receipt # |

Comments: _____

Inspector Signature _____ Date _____