



**WASHTENAW COUNTY ROAD COMMISSION**

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

**INSTRUCTIONS & APPLICATION FOR TREE  
OR VEGETATION REMOVAL PERMIT**

1. Fill in the tree/vegetation removal permit application as completely as possible, including application/property owner and contractor information, if known. This application has "fill-in form" capability to then print for submittal, if you have obtained the application by email or via the website. A description of the location along with the nearest major crossroads is required.
2. Return the completed application along to the Permit Section of the Road Commission.
3. 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](http://www.wcroads.org) for additional insurance requirements.
4. An original signature from the applicant and contractor shall be obtained upon permit issuance.

Date of Application: \_\_\_\_\_

Application # \_\_\_\_\_

**APPLICANT/ PROPERTY OWNER**

**CONTRACTOR**

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Location of Work \_\_\_\_\_ Between \_\_\_\_\_ And \_\_\_\_\_

Side of Road N S W E Township \_\_\_\_\_ Property Tax ID # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Type of Work: Tree within r-o-w Removal  Dead  Alive  Type of tree \_\_\_\_\_

Shrub/Vegetation Removal within r-o-w

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**ROAD COMMISSION USE**

Comments: \_\_\_\_\_

\_\_\_\_\_

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

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

|                 |   |
|-----------------|---|
| <b>PRODUCER</b> | <p><b>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.</b></p> <p style="text-align: center; background-color: yellow;"><b>INSURERS AFFORDING COVERAGE</b></p> |
| <b>INSURED</b>  | <p>INSURER A:</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p>   |

**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  |  |                      |        |  |  |                    |  |    |  |                            |  |    |  |                             |  |    |
|----------|--|---------------|----------------------------------|-----------------------------------|---|--|----------------------|--------|--|--|--------------------|--|----|--|----------------------------|--|----|--|-----------------------------|--|----|
|          | <p><b>GENERAL LIABILITY</b></p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR</p> <p>_____</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</p> |               |                                  |                                   | <p>EACH OCCURRENCE \$</p> <p>FIRE DAMAGE (Any one fire) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL &amp; ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COMP/OP AGG \$</p>  |  |                      |        |  |  |                    |  |    |  |                            |  |    |  |                             |  |    |
|          | <p><b>AUTOMOBILE LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p> <p>_____</p>   |               |                                  |                                   | <p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>  |  |                      |        |  |  |                    |  |    |  |                            |  |    |  |                             |  |    |
|          | <p><b>GARAGE LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO</p>  |               |                                  |                                   | <p>AUTO ONLY - EA ACCIDENT \$</p> <p>OTHER THAN EA ACC \$</p> <p>AUTO ONLY: AGG \$</p>  |  |                      |        |  |  |                    |  |    |  |                            |  |    |  |                             |  |    |
|          | <p><b>EXCESS LIABILITY</b></p> <p><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE</p> <p><input type="checkbox"/> DEDUCTIBLE</p> <p><input type="checkbox"/> RETENTION \$</p>  |               |                                  |                                   | <p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p> <p>\$</p> <p>\$</p> <p>\$</p>   |  |                      |        |  |  |                    |  |    |  |                            |  |    |  |                             |  |    |
|          | <p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p>  |               |                                  |                                   | <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  |               | \$                               |                                   |   |  |                      |        |  |  |                    |  |    |  |                            |  |    |  |                             |  |    |
|          | <p><b>OTHER</b></p>  |               |                                  |                                   |   |  |                      |        |  |  |                    |  |    |  |                            |  |    |  |                             |  |    |

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

|                           |   |  |
|---------------------------|---|--|
| <b>CERTIFICATE HOLDER</b> | ADDITIONAL INSURED; INSURER LETTER: _____ | <p><b>CANCELLATION</b></p> <p>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> <p style="text-align: center; background-color: yellow;"><b>AUTHORIZED REPRESENTATIVE</b></p> |
|---------------------------|---|--|