INSTRUCTIONS TO APPLY FOR ROAD APPROACH (PUBLIC OR PRIVATE) OR COMMERCIAL DRIVEWAY APPROACH PERMIT



- 1. Fill in the private/public road or commercial driveway approach 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. A description of the type of work and location along with the nearest major crossroads is required.
- 2. Detailed construction drawings (three sets), signed and sealed by a licensed professional engineer 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 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:
 - Commercial Approach, Permit Fee- \$200.00
 - Private Road Approach Permit Fee- \$200.00
 - Public Road Approach Permit Fee- \$200.00
 - Farm Field Approach Permit Fee- \$50.00
 - Temporary Construction Approach Permit Fee- \$150.00
 - 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.
 - An inspection fee in the amount of 3% of the approved estimate of construction (\$500.00 minimum), will be required prior to the issuance of construction permits with the exception of farm field driveways. 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 completion of work. An invoice with an itemized statement will be generated for deficit accounts on a monthly basis. Nonpayment 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.
 - Private Road Sign Package Fee- \$310.00
 - Other Sign Fee- Varies
- 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 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

certificate holder in lieu of such endorsement(s).												
PRO	DUCER				CONTACT NAME:							
					PHONE FAX (A/C, No, Ext): (A/C, No):							
					E-MAIL ADDRESS:							
					ADDRES		LIRER(S) AFFOR	DING COVERAGE		NAIC #		
					INSURER(S) AFFORDING COVERAGE NAIC # INSURER A:							
INSU	RED				INSURER B:							
					INSURER C:							
					INSURER D :							
					INSURER E :							
					INSURER F:							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)			LIMITS				
GENERAL LIABILITY							(MM/DD/YYYY)	EACH OCCURRENCE \$				
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$			
CLAIMS-MADE OCCUR									\$			
								` ' ' '	\$			
									\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$			
	POLICY PRO- JECT LOC								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO								\$			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
	AUTOS								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE								\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	Ψ			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below									\$			
	DESCRIPTION OF OFENATIONS BEIOW							E.E. DIOENCE T GETOT ENVIT	Ψ			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks S	Schedule,	, if more space is	required)					
CERTIFICATE HOLDER						CANCELLATION						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHORIZED REPRESENTATIVE							

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 ROAD APPROACH (PUBLIC OR PRIVATE) OR COMMERCIAL DRIVEWAY APPROACH PERMIT

•			Application # CONTRACTOR Address						
APPLICA	NT/ PROI	PERTY OWNER							
Address _									
City State			Zip	City		State	State Zip		
Contact Pe	erson			_ Contact P	erson				
Telephone	:	Fax	Telephone Fax						
Email:			Email:						
Site Locat	ion				And _				
		ad Name (Limit t							
Provide a	description	n of the type of pr	roposed work,	in addition to	o any oth	er pertinent in	format	tion.	
,									
			ROAD CO	OMMISSIO	N USE				
		Receipt #			Receip	ot #			Receipt #
Permit			Inspection			Other			
	\$			\$			\$		
Pvt. Rd Sign	\$		Advanced Account #			Other	\$		
Other			Cash		Receip	•			
Signs	\$		Deposit OR	\$		Other	\$		
Advanced Sign			LOC	d.	LOC	# Other	.		
Account #				\$			\$		
Comments	s:								
Inspector S	Signature			Date					