



## INSTRUCTIONS TO APPLY FOR UTILITY INSTALLATION/REPAIR PERMIT

1. Fill in the utility installation/repair 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. 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 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) 327-6642 Phone**  
**(734) 761-3737 Fax**

4. Pertinent Permit Fees are scheduled as follows:
  - Overhead Utility Installation, Permit Fee- \$200.00
  - Underground Utility Installation, Permit Fee- \$200.00
  - Utility Service Connection Permit Fee- \$125.00
  - Sanitary, Water Main, or Storm Connection, Permit Fee- \$200.00
  - Open Cut Road Crossings, Permit Fee- \$250.00
  - Bore Road Crossings, 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.
  - 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 734.327.6642 or via the website at [www.wcroads.org](http://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 734.327.6642 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).

|             |                               |                |
|-------------|-------------------------------|----------------|
| PRODUCER    | CONTACT NAME:                 |                |
|             | PHONE (A/C, No, Ext):         | FAX (A/C, No): |
| INSURED     | E-MAIL ADDRESS:               |                |
|             | INSURER(S) AFFORDING COVERAGE |                |
|             | NAIC #                        |                |
|             | INSURER A :                   |                |
|             | 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                                                                              | ADDL INSR                | SUBR WVD                 | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                       |
|----------|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------|-------------------------|-------------------------|----------------------------------------------|
|          | <b>GENERAL LIABILITY</b>                                                                       |                          |                          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          |                          |                          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |                          |                          |               |                         |                         | MED EXP (Any one person) \$                  |
|          |                                                                                                |                          |                          |               |                         |                         | PERSONAL & ADV INJURY \$                     |
|          |                                                                                                |                          |                          |               |                         |                         | GENERAL AGGREGATE \$                         |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                          |                          |               |                         |                         | PRODUCTS - COMP/OP AGG \$                    |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                          |                          |               |                         |                         | \$                                           |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                    |                          |                          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$       |
|          | <input type="checkbox"/> ANY AUTO                                                              |                          |                          |               |                         |                         | BODILY INJURY (Per person) \$                |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                       | <input type="checkbox"/> | <input type="checkbox"/> |               |                         |                         | BODILY INJURY (Per accident) \$              |
|          | <input type="checkbox"/> HIRED AUTOS                                                           | <input type="checkbox"/> | <input type="checkbox"/> |               |                         |                         | PROPERTY DAMAGE (Per accident) \$            |
|          |                                                                                                |                          |                          |               |                         |                         | \$                                           |
|          | <b>UMBRELLA LIAB</b>                                                                           |                          |                          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> EXCESS LIAB                                                           |                          |                          |               |                         |                         | AGGREGATE \$                                 |
|          | <input type="checkbox"/> OCCUR                                                                 |                          |                          |               |                         |                         | \$                                           |
|          | <input type="checkbox"/> CLAIMS-MADE                                                           |                          |                          |               |                         |                         |                                              |
|          | DED                                                                                            |                          |                          |               |                         |                         | RETENTION \$                                 |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           |                          |                          |               |                         |                         | WC STATUTORY LIMITS                          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |                          |                          |               |                         |                         | OTHER                                        |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                         | <input type="checkbox"/> | <input type="checkbox"/> |               |                         |                         | E.L. EACH ACCIDENT \$                        |
|          |                                                                                                |                          |                          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                |
|          |                                                                                                |                          |                          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks 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                                                                                                                                      |

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**Washtenaw County Road Commission  
Permit Engineering Section**

555 N. Zeeb Road  
Ann Arbor, MI 48103  
(734) 327-6642 Phone  
(734) 761-3737 Fax

**APPLICATION FOR UTILITY INSTALLATION/REPAIR 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/Plan # \_\_\_\_\_

Type of Work      Overhead Utility Install, New Poles       Overhead Utility Install, Existing Poles

Underground Utility Install, New       Underground Utility Maintenance/Repair/Removal

Utility Service Connection       Conduit      Size \_\_\_\_\_ # \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ROAD COMMISSION USE**

|                    |    |           |                                                              |    |           |
|--------------------|----|-----------|--------------------------------------------------------------|----|-----------|
| Permit             | \$ | Receipt # | Cash Deposit<br><b>OR</b><br>LOC<br><b>OR</b><br>Surety Bond | \$ | Receipt # |
| Inspection         | \$ |           |                                                              | \$ | LOC #     |
| Advanced Account # |    |           |                                                              | \$ | Surety #  |
| Other              | \$ | Receipt # | Other                                                        | \$ | Receipt # |

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

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