



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

1. Complete 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 in pdf format 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, pdf of plans and estimate to [permits@wcroads.org](mailto:permits@wcroads.org). If paying by check you can mail to the below address.

**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:
  - Commercial Approach, Permit Fee- \$350.00
  - Private Road Approach Permit Fee- \$350.00
  - Public Road Approach Permit Fee- \$350.00
  - Farm Field Approach Permit Fee- \$150.00
  - 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.
  - With the exception of farm field driveways, 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. 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. 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..
  - Private Road Sign Package Fee- \$600.00
  - 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 734.327.6642 or via the website at [www.wcroads.org](http://www.wcroads.org) for additional insurance requirements.

*If you have any questions 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.*

**Washtenaw County Road  
Commission Permit Engineering  
Section**

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Ann Arbor, MI 48103  
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**APPLICATION FOR ROAD APPROACH (PUBLIC OR PRIVATE) OR  
COMMERCIAL DRIVEWAY APPROACH 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 \_\_\_\_\_

Proposed Private Road Name (Limit to 14 characters) \_\_\_\_\_

Provide a description of the type of proposed work, in addition to any other pertinent information.

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

**ROAD COMMISSION USE**

Permit	\$	Receipt #	Inspection	\$	Receipt #	Other	\$	Receipt #
Pvt. Rd Sign	\$		Advanced Account #			Other	\$	
Other Signs	\$		Cash Deposit <b>OR</b>	\$	Receipt #	Other	\$	
Advanced Sign Account #			LOC	\$	LOC #	Other	\$	

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**DATE**

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):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : <b>NAME</b>	NAIC #
INSURED	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
X	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Self Insured Retention <=\$25,000						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
X	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						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						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