



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

1. Complete 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, pdf of plans and cost estimate to 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:

- Grading/Drainage Permit Fee- \$100.00
- Soil Borings Permit Fee- \$75.00 plus \$250.00 non-refundable general inspection fee
- Seismic Testing Permit Fee - \$75.00 plus \$250.00 non-refundable general inspection fee
- Surveying Permit Fee- \$40.00
- Road Closure/Parade Permit Fee- \$40.00
- Banner/Decorations Permit Fee- No Charge
- Monitoring Well Permit Fee- \$40.00 plus \$250.00 non-refundable general inspection fee
- Landscaping Permit Fee- \$50.00
- Tree Removal and Installation – No charge
- 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 (See 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 734.327.6642 or via the website at www.wcroads.org for additional insurance requirements.

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.

08/01/2018

www.wcroads.org

**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 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 Seismic Landscaping

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 _____



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 : NAME	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	GENERAL LIABILITY						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 \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
<input checked="" type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
X	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$			\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						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