



## INSTRUCTIONS TO APPLY FOR UTILITY INSTALLATION/REPAIR PERMIT

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

**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- \$220.00
  - Underground Utility Installation, Permit Fee- \$220.00
  - Utility Service Connection Permit Fee- \$220.00
  - Sanitary, Water Main, or Storm Connection, Permit Fee- \$220.00 plus deposit.
    - Gravel Road \$1000.00 deposit
    - Paved Road without curb and gutter \$2500.00 deposit
    - Paved Road with curb and gutter \$3000.00 deposit
    - Multi-lane paved road based on cost estimate
  - Open Cut Road Crossings, Permit Fee- \$250.00 plus deposit
  - Bore Road Crossings, Permit Fee- \$170.00
  - 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.

*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.*

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       Open Cut Road

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

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

**ROAD COMMISSION USE**

Permit	\$	Receipt #	Cash Deposit <b>OR</b> LOC <b>OR</b> 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):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : <b>NAME</b>	NAIC #
	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	<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	<input checked="" type="checkbox"/>	OCCUR				AGGREGATE \$
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$			\$
				Y			
	<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