

**BOARD OF COUNTY ROAD COMMISSIONERS  
COUNTY OF LAKE**

**RIGHT OF WAY PERMIT**

**CALL MISS DIG**  
72 HOURS BEFORE YOU DIG  
1-800-482-7171

1180 N. Michigan Ave.  
PO Box 790  
Baldwin, MI 49304  
Ph: 231-745-4666  
Fx: 231-745-6227

Permit # \_\_\_\_\_  
Date \_\_\_\_\_  
Annual Permit \_\_\_\_\_  
Receipt # \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

As Agrees to the Terms of this Permit.

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

**ALTERATION OR REMOVAL MAY BE REQUIRED BY THE BOARD AT ANY TIME.**

For underground construction give depth to top of facility. Indicate distance from centerline of facility to centerline of road and near edge of road surface. SPECIFY OTHER PERTINENT DETAILS.

**APPLICATION**

Applicant and/or Contractor request a permit for the purpose indicated in the attached plans and specifications at the following location:

City \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_

Name of Road(s) \_\_\_\_\_

For Period Beginning \_\_\_\_\_ And Ending \_\_\_\_\_

Description of work to be completed \_\_\_\_\_

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

**FINANCIAL REQUIREMENTS**

BOND: \_\_\_\_\_

PROOF OF  
INSURANCE:

PERMIT FEE: \_\_\_\_\_

The construction and work described above shall be accomplished in accordance with approved plans, specifications, maps and statements filed with the Board and which are incorporated and made a part of this permit.

**BOARD OF COUNTY ROAD COMMISSIONERS**  
Lake County, Michigan

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_