



PERMIT APPLICATION
MACOMB COUNTY DEPARTMENT OF ROADS
 117 S. Groesbeck Highway, Mt. Clemens, MI 48043
 Phone: 586-463-8671 Fax: 586-463-8682

MCDR ASSIGNED Application No. _____

APPLICATION TO CONSTRUCT, OPERATE, USE AND/OR MAINTAIN WITHIN THE RIGHT-OF-WAY; OR CLOSE A MACOMB COUNTY DEPARTMENT OF ROADS' (MCDR) ROAD.

If a contractor is to perform the construction entailed in the application and is supplying the deposit the contractor will fill out the information block provided, and assumes responsibility, along with the applicant for any provisions of this application which apply to the contractor.

APPLICANT	Company Name:	SITE LOCATION	Project Name:
	Address:		Address:
			Between Roads: _____ and _____
	Phone No: _____ Cell No: _____		Side of Road: _____
	Email Address: _____		City/Township: _____ Section: _____
	Applicant Work Order/Job No.		Parcel ID: _____

Permit Type (Check All That Apply):

- | | |
|--|--|
| <input type="checkbox"/> New Plans | <input type="checkbox"/> Resubmitted Plans (MCDR Application No. _____) |
| <input type="checkbox"/> Aerial Cable | <input type="checkbox"/> Under Ground Cable/Conduit |
| <input type="checkbox"/> Commercial Driveway | <input type="checkbox"/> Annual Maintenance |
| <input type="checkbox"/> Deceleration / Acceleration Lane | <input type="checkbox"/> Traffic Control Required |
| <input type="checkbox"/> Temporary Driveway | <input type="checkbox"/> Storm Sewer Tap / Repair |
| <input type="checkbox"/> Water Main Tap / Repair | <input type="checkbox"/> Gas Main |
| <input type="checkbox"/> Monitoring Wells | <input type="checkbox"/> Soil Boring |
| <input type="checkbox"/> Pole Work | <input type="checkbox"/> Street Lighting |
| <input type="checkbox"/> Other Work (Explain below in scope of work) | <input type="checkbox"/> Bore and Jack Road |
| | <input type="checkbox"/> Open Cut |
| | <input type="checkbox"/> Sidewalk |
| | <input type="checkbox"/> Sanitary Sewer Tap / Repair |
| | <input type="checkbox"/> Parade/Run/Banner |
| | <input type="checkbox"/> Seismic Testing |

Note: Provide 4 copies of the application and 4 signed, sealed, and Staped/Bounded Sets of the plans.

Scope of work: I the Applicant request a permit for the following scope of work within the right-of-way of Macomb County Department of Roads:

Applicant Signature: _____ Print Name: _____ Date: _____

Job Lead/Contact Name: _____

Phone: _____ **Email:** _____

MCDR Use Only:

Routing: _____

Fees: _____ **Right-of-Way Needed**