



**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.

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

**Permit Type (Check All That Apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>New Plans</b>                      | <input type="checkbox"/> <b>Resubmitted Plans (MCDR Application No. _____)</b> |
| <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"/> Other Work (Explain in scope of work) | <input type="checkbox"/> Street Lighting                                       |
|  | <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                                       |
|  | <input type="checkbox"/> Pole Work   |

**Scope of work:**

**Utility Owner/Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Job Lead/Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**MCDR Use Only:**

**Routing:** \_\_\_\_\_

**Plan Review Fee:** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_

**Inspection Deposit:** \_\_\_\_\_ **Traffic Fee:** \_\_\_\_\_

**Right-of-Way Needed**