



CITY OF MIDLAND
APPLICATION FOR
UTILITY PERMIT



For Office Use Only

Permit No:
Application No:
Permit Completion Date:
Part I Approval Date:
Part II Approval Date:

Part I

Date: Class(es):

Street(s):

From: To:

APPLICANT: Contact Person:

Address: Contact Title:

Contact Telephone Contact Mobile Contact Fax

Est. Commence Date Est. Completion Date Contact E-mail

Signature, Title

(Print Name, Title)

PROPOSED CONSTRUCTION METHOD: Trench, Bore, Aerial, Other

Description of Work:

CLEARANCE FROM CITY UTILITIES: (Provide Location and Minimum Clearance from City Utilities),

Water (Min. 10' Horiz., 2' Vert.)

Sanitary (Min. 5' Horiz., 1' Vert.)

Storm (Min. 5' Horiz., 1' Vert.)

DEPTHS: Avg. Prop. Utility Depth, Range of Depth to. [Provide Attachment if Needed]

CLASS OF WORK:

A [ ] New underground facilities (cable, conduit)
[ ] New underground services-roadway excavation

B [ ] New aerial facilities-new poles
[ ] New aerial facilities-existing poles

C [ ] New underground service-no roadway excavation

D [ ] Repair existing underground Facilities
[ ] Repair/replace existing poles
[ ] Replace/place cable in existing u/g facilities

E [ ] New underground structures
[ ] New surface structures

TRAFFIC IMPACTS:

[ ] Major Street
[ ] Closing Required
[ ] Closing of Parking Lane
[ ] Closing of Traffic Lane
[ ] Affect Sidewalk

FEES: For Office Use Only

Class A, B, C.....(\$50) \$
Class D.....(\$0) \$
Class E-Special Permit...(\$50) \$

TOTAL \$

**Part II (To be completed and submitted a minimum 3 days prior to start)**

**CONTRACTOR:** \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Contact Mobile \_\_\_\_\_ Contact Fax \_\_\_\_\_

Actual Start Date: \_\_\_\_\_. Note: Permit Completion Date is as indicated in **Part I**.

**SAFETY PLAN:**

City of Midland  Other, \_\_\_\_\_

Special Notes: City requires all personnel working in or utilizing City right-of-way must wear safety vests at all times and comply with MIOSHA and all other applicable safety requirements in the City Safety Manual. Other Safety Plans may be used if they are included and are equal to or more restrictive than the City Safety Manual. Restoration shall be in accordance with City of Midland standard specifications. Notify affected residents prior to beginning work.

**Remove Miss Dig Flags when work is completed.**

**TRAFFIC CONTROL PLAN (if applicable):**

Michigan Manual of Uniform Traffic Control Devices (MMUTCD), Attach or name specific sections.

Other, Attach drawings and descriptions for review and approval by the City.

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**SPECIALCONDITIONS**

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

**APPROVALS:**

Engineering: Office \_\_\_\_\_ Water Distribution: \_\_\_\_\_

Waste Water Department: \_\_\_\_\_ Parks Department: \_\_\_\_\_

Dept. of Public Services: \_\_\_\_\_ Other: \_\_\_\_\_

Part II Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS AND RESTRICTIONS:**

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

Actual Completion Date: \_\_\_\_\_, As-Built (Up to 30 days after completion)  Yes,  No

As-Built Submittal Date: \_\_\_\_\_, Notes: \_\_\_\_\_