

**PERMIT TO USE PUBLIC RIGHT OF WAY
VILLAGE OF MACKINAW CITY
102 S. Huron Avenue, Mackinaw City, MI 49701**

PROPOSED USE

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Curb cut/driveway | <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Cable T.V. |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Tree Planting | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Water Tap | <input type="checkbox"/> Phone Cable | <input type="checkbox"/> Sign/Awning |
| <input type="checkbox"/> Construction Dumpster | <input type="checkbox"/> Fire Suppression/Water Supply | | |
| <input type="checkbox"/> Other _____ | | | |

****BEFORE YOU DIG, CALL MISS DIG 1-800-482-7171****

Description of work: _____
_____ Depth of Excavation: _____

Start Date of Proposed Work: _____ Completion End Date: _____ Plans attached

APPLICANT INFORMATION

Owner: _____ Phone: Home/Work _____

Address: _____

Contractor Name: _____ Contact Person: _____

Address: _____

Subcontractor Name: _____ Contact Person: _____

Address: _____

LOCATION

Street Address: _____ Tax Parcel Id No _____

Cross Streets: _____ and _____

APPLICANT SIGNATURE

Signature: _____ Date: _____

*****OFFICE USE*****

Zoning Permit Issued: Yes No N/A Connection Fee Paid: Yes No N/A

Council Approval: Yes No N/A Date: _____, 20__

Staff Analysis and Report: _____

Permit Approved Approved by: _____

Permit approved subject to: _____ Fee: _____ No Fee Req'd

_____ Date Paid: _____, 20__

_____ Deposit: _____ No Deposit Req'd

Permit Denied Date Refunded: _____