

CITY OF DEARBORN HEIGHTS

Department of Building & Engineering
6045 Fenton, Dearborn Heights, Michigan 48127
(313)277-7306

APPLICATION FOR USE/DISRUPTION OF CITY RIGHT-OF-WAY
(In accordance with No. Ordinance H-00-03 for Right-of-Way Management)

DATE _____

APPLICANT	ADDRESS	CITY, STATE, ZIP	PHONE NO.
CONTRACTOR (IF DIFFERENT FROM APPLICANT)	ADDRESS	CITY, STATE, ZIP	PHONE NO.

DESCRIPTION OF PROPOSED WORK (INCLUDING DIAMETER/SIZE, DEPTH IN HEIGHT ABOVE GROUND, MATERIALS, ETC.)

IF AERIAL IMPROVEMENTS, ARE EXISTING POLES TO BE REUSED? (Y/N) _____ OWNER OF POLES _____

USE PERMIT			DISRUPTION PERMIT																						
TOTAL LENGTH USED/OCCUPIED (FT.) _____			TOTAL LENGTH DISRUPTED (FT.) _____																						
TOTAL AREA USED/OCCUPIED (SQ. FT.) _____			TOTAL AREA DISRUPTED (SQ. FT.) _____																						
FEES AND SCHEDULES			FEES AND SCHEDULES																						
DESCRIPTION	SCHEDULE	COST FOR THIS PERMIT	DESCRIPTION	SCHEDULE	COST FOR THIS PERMIT																				
APPLICATION FEE	\$500	\$ 500	APPLICATION FEE	\$500	\$ 500																				
APPLICATION REVIEW AND PROCESSING FEE	ACTUAL COST	\$	APPLICATION REVIEW AND PROCESSING FEE	ACTUAL COST	\$																				
USE FEES			TIME EVENT FEE																						
AERIAL IMPROVEMENTS	\$0.25/FT.	\$	TIME EXTENSION FEE	\$500	\$																				
UNDERGROUND IMPROVEMENTS	\$0.40/FT.	\$	R.O.W. USE WITHOUT PERMIT*	\$100/DAY	\$																				
OCCUPANCY FEES (IF APPLICABLE)			TOTAL FEE																						
AERIAL IMPROVEMENTS	\$1.00/SQ. FT.	\$	SCHEDULE OF PROPOSED WORK																						
UNDERGROUND IMPROVEMENTS	\$1.60/SQ. FT.	\$																							
MINIMUM FEE	\$25	\$	START DATE: _____																						
R.O.W. USE WITHOUT PERMIT	\$100/DAY	\$	NO. OF WEEKS TO COMPLETE (INCLUDING RESTORATION): _____																						
TOTAL FEE		\$	METHOD OF RESTORATION: _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">APPLICATION REVIEWED BY</td> <td style="width: 10%;">INITIAL</td> <td style="width: 10%;">DATE</td> <td style="width: 15%;">APPROVED (YES/NO)</td> </tr> <tr> <td>BUILDING & ENGINEERING DEPT.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DEPT. OF PUBLIC SERVICES</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONSULTING ENGINEER</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER DEPARTMENT/EMPLOYEE</td> <td></td> <td></td> <td></td> </tr> </table>			APPLICATION REVIEWED BY	INITIAL	DATE	APPROVED (YES/NO)	BUILDING & ENGINEERING DEPT.				DEPT. OF PUBLIC SERVICES				CONSULTING ENGINEER				OTHER DEPARTMENT/EMPLOYEE				INSPECTION BY (NAME/DEPARTMENT): _____		
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			BUILDING & ENGINEERING DEPT.																						
			DEPT. OF PUBLIC SERVICES																						
CONSULTING ENGINEER																									
OTHER DEPARTMENT/EMPLOYEE																									
			TELEPHONE NO.: _____																						
			INSURANCE REQUIREMENTS (ATTACH INSURANCE CERTIFICATE TO APPLICATION)																						
			GENERAL LIABILITY \$3 MILLION (MIN)																						
			AUTO \$2 MILLION (MIN)																						
			OWNER'S CONTRACTOR'S PROTECTIVE \$2 MILLION (MIN)																						

COMMENTS _____

PERMIT APPROVED/DENIED BY: _____ (PLEASE CIRCLE ONE) _____ (NAME/TITLE)

(SIGNATURE) _____ DATE: _____

WORK INSPECTED AND ACCEPTED BY: _____ (NAME/TITLE)

(SIGNATURE) _____ DATE: _____