



3900 E. Mannsiding Road
 Harrison, MI 48625
 Phone 989.539.2351
 Fax 989.539.7751
 www.clarecrc.com

APPLICATION AND PERMIT
 to construct, operate, maintain
 use and/or remove within a county
 road right-of-way

CRA100 Rev 1/01
 Permit Number _____

Issuance Date _____

BOARD OF COUNTY ROAD COMMISSIONERS of CLARE County, Michigan
 ADDRESS: 3900 E. MANNSIDING RD., HARRISON, MI 48625
 PHONE: (989) 539-2151 FAX: (989) 539-7751

If applicant hires a contractor to perform the work, BOTH must complete this form and BOTH assume responsibility for the provisions of this Application and Permit.

APPLICANT

CONTRACTOR

NAME: _____

NAME: _____

MAILING ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

Applicant's Signature _____
 Title _____ Date _____

Contractor's Signature _____
 Title _____ Date _____

FINANCIAL REQUIREMENTS

Application and Permit Fee \$ _____
 Permit Fee \$ _____
 Est. Inspect. Fee \$ _____
 Bond \$ _____
 Deposit \$ _____
 Other \$ _____
 To Be Billed \$ _____
 Receipt Number \$ _____
 Dated \$ _____

ATTACHMENTS REQUIRED

Plans and Specs. _____
 Bond _____
 Proof of Insurance Yes _____ No _____
 P.I. \$ _____ P.D. \$ _____
 Other _____

APPLICATION

Applicant and/or Contractor request a Permit for the purpose indicated in the attached plans and specifications at the following location:

CITY: _____/or TOWNSHIP _____ SECTION _____
 NAME OF ROAD _____ between _____ and _____
 for a period beginning _____ and ending _____
 and agrees to the terms of the permit.

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms, agreed to by the Permit Holder. When Applicant hires a Contractor the "Permit Holder" is the Applicant and the Contractor.

RECOMMENDED FOR ISSUANCE:

BOARD OF COUNTY ROAD COMMISSIONERS
 CLARE COUNTY, MICHIGAN

Investigator _____

BY _____

BY _____

Date _____ Title _____

BY _____