

INDIVIDUAL APPLICATION AND PERMIT

FOR USE OF STATE TRUNKLINE RIGHT OF WAY

*Information required by Act 368 of P.A. 1925, Act 200 of P.A. 1969
and Act 51 of P.A. 1951 to authorize permitted activities.*

This permit is incomplete without form 2205-1,
"General Conditions and Supplemental Specifications."

PRINT IN INK OR TYPE. SEE REVERSE FOR SPECIAL CONDITIONS AND ATTACHMENTS.

MDOT USE ONLY		
PERMIT NO.		
ISSUE DATE	EXPIRATION DATE	
FEE \$	<input type="checkbox"/> Cash <input type="checkbox"/> Exempt <input type="checkbox"/> Billable	BY
DEPT. BOND NO.	BOND AMOUNT \$	

APPLICANT NAME			CONTRACTOR NAME (individual, Company, etc.)		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
CONTACT'S NAME		PHONE NO. ()	CONTACT'S NAME		PHONE NO. ()

REQUEST: I do hereby make application for a permit to use the right of way of the following state trunkline highway.

STATE TRUNKLINE	CITY OR TOWNSHIP	SECTION	TOWN T	RANGE R	COUNTY
NEAREST CROSSROAD		SIDE OF ROAD	DISTANCE TO NEAREST CROSSROAD (in feet)	DIRECTION TO NEAREST CROSSROAD <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST	
PROPOSED START DATE	PROPOSED COMPLETION DATE		PLANS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE					

REQUISITION NO.	WORK ORDER NO.	JOB NO.
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I certify that I accept the following:

1. Commencement of work set forth in the permit application constitutes acceptance of the permit as issued.
2. Failure to object within ten (10) days to the permit as issued constitutes acceptance of the permit as issued.
3. If this permit is accepted by either of the above methods, I will comply with the provisions of the permit.
4. If this permit is for commercial or residential driveway work, I certify that I am the legal owner of the property for which this driveway will serve, or I am the owner's authorized representative.

APPLICANT/AUTHORIZED AGENT If Authorized Agent - I hereby certify that I am acting as an authorized agent on behalf of the named applicant. Certificate of agency attached.	NAME and TITLE (Please Print or Type)	DATE
	SIGNATURE	FEDERAL TAX I.D. or SOCIAL SECURITY NO.

MDOT USE ONLY - DO NOT WRITE BELOW THIS LINE

CONTROL SECTION	TRUNKLINE	WORK TYPE CODE	ECC *	WORK METHOD	MILEPOINT FROM	MILEPOINT TO	LOCATION
							<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> T
							<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> T

ENVIRONMENTAL ASSESSMENT

CATEGORICAL EXCLUSION OTHER - Describe (See form 2242): _____

INSPECTION TYPE <input type="checkbox"/> DEPARTMENT <input type="checkbox"/> MAINT. AGENCY <input type="checkbox"/> OTHER	INSPECTION BY:	PHONE NO.	INSPECTION STATUS <input type="checkbox"/> ROUTINE <input type="checkbox"/> BILLABLE
SURETY TYPE <input type="checkbox"/> EXEMPT <input type="checkbox"/> CASH <input type="checkbox"/> RESOLUTION	<input type="checkbox"/> BOND <input type="checkbox"/> SELF-INSURED	<input type="checkbox"/> CREDIT LETTER <input type="checkbox"/> RETAINER LETTER	LIABILITY INSURANCE <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT

REVIEWED BY:	INT.	DATE	RECOMMENDED FOR ISSUANCE		
Constr. & Techno.			NAME	TITLE	DATE
Maintenance					
Traffic & Safety			APPROVED FOR MICHIGAN DEPARTMENT OF TRANSPORTATION BY		
Resource Specialist			UTILITIES-PERMITS ENGINEER or REGION /TSC U-P ENGINEER		DATE
Design					
Maint. Agency			WORK ACCEPTED BY (Signature)		DATE
Permits					

* ENVIRONMENTAL CLASSIFICATION CODE

THE ATTACHMENTS AND SPECIAL CONDITIONS MARKED BELOW ARE A PART OF THIS PERMIT.
ATTACHMENTS

- Special Conditions for Underground Construction (Form 2205C).
- Special Conditions for Seismic Explorations (Form 2251).
- Special Conditions for Discharge of Treated Effluent (Form 2252).
- Special Conditions for Monitoring Wells (Form 2253).
- Special Conditions for Transverse Crossings (Form 2254).
- Special Conditions for Excavating in Contaminated Site Closure Areas (Form 2257).
- Special Conditions for Contaminated Site Closure (Form 2259).
- Special Conditions for Alternate Environmental Cleanup Methods (Form 2475).
- Bore and Jack Special Provision (GP-1, DP- _____ , JP- _____).
- Utility Cuts, Trenches and Pavement Replacement (PA - 01).
- Permit Plan for Rural and Urban Residential Driveways (PA-09).
- Commercial Driveway, (PA -) - _____
- Traffic Control Details: _____
- OTHER: _____
- OTHER: _____
- OTHER: _____

SPECIAL CONDITIONS

- The Department of Transportation does not, by issuance of this permit, assume any liability claims or maintenance costs resulting from the _____ facility placed by this permit. The Department reserves the right to require removal of all or any portion of this facility as needed for highway maintenance or construction purposes without replacement or reimbursement of any costs incurred by the permitted or other party. The permitted will defend, indemnify and hold harmless the Department for any claims whatsoever resulting from the construction or the removal of the _____ authorized by this permit.
- All disturbed areas within the right of way shall be top-soiled, seeded and mulched to match existing areas per current MDOT standards and specifications.
- Upon completion of the work, the permitted shall furnish the Department with a set of as-built construction plans covered by this permit.
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