VILLAGE OF OXFORD

Building Services Department 22 West Burdick, P.O. Box 94 Oxford, MI 48371-0094 E-Mail: office@thevillageofoxford.org 248-628-2543



Right-of-Way Permit Application

APPLICANT INFORMATION			
Applicant Name:	Company:	Title:	
Applicant/Company Address:			
Phone Number:	E-Mail:		
TYPE AND LOCATION OF RIGH	IT-OF-WAY ACTIVITY		
Type of Activity in the Right-o	-way: (Circle one) Sidewalk Closure	Partial Lane Closure	Complete Street Closure
Street/Right-of-way Affected a	and Location: (Ex – East side of Mill St betw	reen Stanton St & Broadway	st)
Description of Right-of-Way A	ctivity: (Ex – Installation of cable lines, new	sidewalk concrete, sidewal	k sale)
Description of Safety Measure	s Taken: (Ex – Types of signage, barrier or	worker assigned to direct tro	affic)
Activity Start Date:	Activity End Date:	Hours of Closure	:
ADDITIONAL REQUIRED DOCU	JMENTS		
Applicant m	ust include a Certificate of Insurance whic as an additional insured at the		ge of Oxford"
SIGNATURE OF AUTHORIZED	REPRESENTATIVE		
I hereby agree to adhere to al	Village, County and State applicable ordin	ances and conditions of per	mits issued:
Signature of Applicant:	Date:		
<u>FEES</u>			
Non-refundable Application	on Fee \$15		
Permit Fee	\$75		
Contractor Registration Fe	ee\$15 (One-time annual fee)		
Bond	To be determined based on p	oject scope	