



## Right of Way Construction Permit

\_\_\_\_\_  
Applicants Name, Corporation, Property Owner, etc.

\_\_\_\_\_  
Contractors Name

\_\_\_\_\_  
Applicants Mailing Address

\_\_\_\_\_  
Contractors Mailing Address

\_\_\_\_\_  
City - State - Zip

\_\_\_\_\_  
City - State - Zip

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Night Phone

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Night Phone

\_\_\_\_\_  
Location

**Projected start date:** \_\_\_\_\_

**Projected end date:** \_\_\_\_\_

\_\_\_\_\_  
Description of Project:

\_\_\_\_\_  
Construction Cost:

Any and all construction proposed under this application will meet all requirements of the City of St. Clair & shall comply with all the requirements of all codes as established per the City of St. Clair Code of Ordinances.

**48 hours notice required to the City of St. Clair prior to commencement of any work. 810.329.7121 hours before you dig - call Miss Dig Toll Free 1 - 800 482 7171**

**NOTE: This permit does not relieve applicant from meeting any applicable requirements of law or other public bodies or agencies**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractors Signature

\_\_\_\_\_  
Date

Office Use	
D.P.W. Review	Permit No:
Date	Permit Fee:
R.O.W. Inspector	Inspection Fee:
Date	Total Due:

**Please make check payable to CITY of ST CLAIR**