



VAN BUREN COUNTY ROAD COMMISSION  
325 W. JAMES STREET, P.O. BOX 156  
LAWRENCE, MICHIGAN 49064  
Telephone: (269) 674-8011 Fax: (269) 674-3770

**SURVEYOR**

**APPLICATION AND PERMIT FOR WORKING IN THE ROAD RIGHT-OF-WAY**  
(to construct, operate, maintain use and/or remove within a county road right-of-way)

**APPLICANT**

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Title Date

**CONTRACTOR**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

\_\_\_\_\_  
Title Date

**IMPORTANT:** Your insurance policy **MUST** carry the following statement as an "Additional Insured":

"The Board of County Commissioners, The Board of County Road Commissioners, The Van Buren County Road Commission, and their officers and employees for claims arising out of, under, or by reason of operations covered by the permit issued to the permittee, as their interests may appear."

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**CONTRACTOR/UTILITY ANNUAL PERMIT:**

ISSUED DATE: \_\_\_\_\_

EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
(EXPIRATION IS CONCURRENT WITH INSURANCE)

Note: You must submit a Site Notification Sheet in advance of each job.

**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 Applicant. When the Applicant hires a Contractor, both the Applicant and Contractor assume responsibility.

Permit Issued by: \_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

Date Permit Mailed: \_\_\_\_\_

Date Permit Faxed: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_