



Village Of Lawrence
157 N. Paw Paw
P.O. Box 217
Lawrence Michigan 49064
Telephone (269) 674-8161
Fax (269) 674-3004

Application and Permit for working in the Road Right Of Way

(To construct, operate, maintain, use and/or remove within a Village of Lawrence Right-of-Way)

Applicant

Contractor

Name _____
 Address _____

 Telephone No. _____
 Fax No. _____

Name _____
 Address _____

 Telephone No. _____
 Fax No. _____

Applicant Signature

Contractor Signature

Title _____ Date _____

Title _____ Date _____

Attachments if required

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

Important: Your insurance policy MUST carry the following statement as an additional Insured
 “ The Village of Lawrence , The Village Council Members, The DPW and all governmental bodies performing permit activities under a maintenance contract, and all officers, Agents, and Employees of all the above, for claims arising out of, or by reason of operations covered by the permit issued to the permittee”

Application

Applicant and/or Contractor request a permit for the purpose indicated in the attached plans and specifications at the following location: (Please provide a sketch of location)

Location Address _____

For a period beginning _____ and ending _____

And agree to the terms of the permit stipulations provided by the Village of Lawrence.

The exact location of work being performed at the location is as follows:

Describe in detail, the work being performed:

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 _____ **Date** _____