

City of Southfield, MI --- CLOSE PERMIT REQUEST FORM (Page 1 of 2)

Section 1 of 3 - General Information ⁽⁺⁾					
REQUESTING CLOSURE ⁽¹⁾				Date Submitted (mm/dd/yyyy):*	
Company Name:					
Company Address:					
City:		State (XX):		Zip Code:	
Primary Contact (Name, Title):					
Phone:		Email:			
Emergency Contact (Name, Title):					
Phone:		Email:			
UTILITY COMPANY (Permit Owner) ^{*(1,2)}				Same as Requesting Closure? ^{*(1)} :	
				<input type="radio"/> YES <input type="radio"/> NO	
Company Name:					
Company Address:					
City:		State (XX):		Zip Code:	
Primary Contact (Name, Title):					
Phone:		Email:			
Emergency Contact (Name, Title):					
Phone:		Email:			

Section 2 of 3 - Reference Information ^{*(+)}					
PROJECT DETAILS ^(3,4)					
Permit Number:		Bond Number:			
Close Permit Fee (\$):	Included: <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A				
Payment Type ⁽⁵⁾ :	<input type="radio"/> Forfeit from Bond <input type="radio"/> Check <input type="radio"/> Other (Please Specify):				
Notes:					
ADDITIONAL DETAILS					
Please briefly describe why this permit is being closed:					

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Notes:	

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Section 3 of 3 -Additional Material* ⁽⁺⁾	
ATTACHMENTS	
Please check all items that have been included as part of this permit application ⁽⁶⁾ :	
<input type="radio"/>	(A) If a designated entity is requesting a close permit request on behalf of the permit owner, please include documentation from the permit owner authorizing such action.
<input type="radio"/>	(B) If fees are being submitted associated with a permit's status or a request for an extension, please provide a description of these fees. PLEASE NOTE: Outstanding fees on a permit that are not paid before a bond refund has been requested will be withdrawn from the respective bond refund.
CERTIFICATION	
The below signer has the express permission of the permit owner to request that the Permit and corresponding Bond identified in Section 2 of 3 (Reference Information) be closed and verifies that statements made in this request form and attached material are true and correct to the best of their knowledge.	
Signature: _____	Name: _____
Date: _____	

REFERENCES
<p>(*): Required fields. If a section heading is marked as required, all subsection fields are required.</p> <p>(+): If a field does not have sufficient space to list requirements, please include an attachment with the necessary information. Attachments should clearly indicate the name of the field for which the information is being provided.</p> <p>(1): If a designated entity is requesting a permit to be closed on behalf of the permit owner, please fill out both sections. If a permit owner is directly requesting that a permit be closed, please mark "YES" for "Same as Requesting Closure" and fill out "Utility Company (Permit Owner)" section.</p> <p>(2): For any work in the city right-of-way that is covered under the Metropolitan Extension Telecommunications Rights-of-Way Oversight Act, this information should be filled out for the entity that ultimately holds such an agreement with the city.</p> <p>(3): A close permit request form is required for each individual permit.</p> <p>(4): Please see the permit application procedures and guidelines for close permit request fees. PLEASE NOTE: If a Utility Company (Permit Owner) is exempt from these fees, please attach documentation explaining the exemption with any relevant references cited.</p> <p>(5): If an entity other than the bond holder is submitting this request form and requesting that a fee be forfeited from an existing bond, documentation must be attached demonstrating that the bond holder has agreed to such action.</p> <p>(6): If an attachment is not required due to any conditions within the permit application procedures and guidelines or this request form, please state the purposeful omission of an attachment, referencing the corresponding attachment letter (for example: Attachment A).</p>

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Notes:	