

_____ Telecommunications Permit Approved

**CITY OF SOUTHFIELD (ENGINEERING DEPT)
UTILITY APPLICATION AND PERMIT (1172)**

Permit Number:

Date Issued:

APPLICANT INFORMATION

Company Name

Date:

Address:

Telephone (office):

Fax:

24 Hour Emergency:

Contact:

Title:

DESCRIPTION AND LOCATION OF WORK

List all streets where facilities will be used or will be located. Describe the location of the facilities in all sections of the streets, including which side of the street (N, E, S or W) and whether aerial or underground. Attach a map.

Underground Installation: _____ L.F.

Aerial Installation: _____ L.F.

PERMIT FEE IF NOT TELECOMMUNICATIONS

This installation is **not** for telecommunication purposes as defined in the Metropolitan Extension Telecommunications Rights-of-Way Oversight Act (Act No. 48 of the Public Acts of 2002).

Signed:

Title:

Print Name:

Date:

Est. Cost of Construction: \$ _____ x 2.0% = \$ _____ (\$250.00 MIN.)

PERMIT APPROVAL

By:

Title: