



**CITY OF YPSILANTI  
DEPARTMENT OF PUBLIC SERVICES  
14 WEST FOREST AVE.  
YPSILANTI, MI 48197  
(734) 483-1421**

**EXCAVATION / RIGHT OF WAY PERMIT APPLICATION**

**Excavation fee per location: \$60.00**

**Bond Required:**  Yes  No

**Right of Way fee per location: \$60.00**

**Bond Amount: \$ \_\_\_\_\_**

**Date Issued:** \_\_\_\_\_ **Permit No.:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**Type of Permit:**

- Street opening(s) \_\_\_\_\_  Curb opening(s)(driveway) \_\_\_\_\_  Street/margin opening(s) \_\_\_\_\_
- Boring(s) \_\_\_\_\_  Alley opening(s) \_\_\_\_\_  Planting(s) \_\_\_\_\_  Sidewalk flags(s) \_\_\_\_\_
- Other (Please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application requested by:**

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax / Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax / Email: \_\_\_\_\_

**Location of Opening:**

**Purpose of permit:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY PERMITS MUST BE OBTAINED BEFORE WORK BEGINS. For emergency situations occurring outside of normal business hours the permit application must be made in the manner provided in Code Section 94-32 – on or before noon of the following business day.

All OSHA regulations must be adhered to by the applicant and/or contractor. Any charges or fines received by the City due to noncompliance of OSHA regulations will be charged back to the applicant and/or contractor.

Upon completion of the above stated work, the Department of Public Services must be notified at (734) 483-1421 so that a final inspection can be done.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_