



Village of Ortonville
Right of Way Use Permit Application

Permit # _____
Date _____
Approved _____
Not Approved _____
Issued by _____

Property address or location of work:

_____ Start Date: _____ End Date: _____

Applicant Information	
Name:	Address:
Phone:	City:
Fax:	State:
Email:	ZIP:

Contact Person Information	
Name:	Address:
Phone:	City:
Fax:	State:
Email:	ZIP:

Contractor Information	
Name:	Address:
Phone:	City:
Fax:	State:
Email:	ZIP:
Contractor's License:	

Description of work:

List documents sent with/attached to application: _____

**A \$100 bond is due upon application and is refundable upon project completion.
 72 HOURS BEFORE YOU DIG, DIAL TOLL FREE – MISS DIG (800) 482-7171.**

This application, if approved, shall authorize only the work described herein. No other work shall be performed within the right of way by the applicant or any other party without a separate written application approved by the Village of Ortonville. The undersigned further agrees that if this application is approved he/she will meet all legal requirements and that he/she will be responsible to the Village of Ortonville for any damages to the highway, and that he/she shall well and truly pay all damages, fines, and penalties which he/she shall become liable to pay and shall hold the Village of Ortonville harmless from all suits, claims, damages, and proceedings of any kind due to his/her operations within the right of way.

Applicant Signature

Date