APPLICATION FOR PERMIT DEPARTMENT OF PUBLIC SERVICES City of Hastings 201 E. State Street Hastings, MI 49058 269-945-2468

Please provide plans/drawings for proposed projects.

Date: Applicant Name: _______________________________(MIDDLE) 1. (FIRST) Address: _________________(CITY) (STATE/ZIP) Telephone: **OCCUPANCY OF, OR WORK WITHIN STREET RIGHT-OF-WAYS** July 1, 2024 to June 30, 2025 FEE SCHEDULE [] **Driveway Permit:** New Construction -\$200.00 [] Reconstruction -\$150.00 [] Inspection Date_____ Approved - [] Yes [] No [] **Pavement Cut Permit:** Location ______ \$150.00 [] [] **Building Demolition Sewer Inspection Permit:** Location ______ \$150.00 [] Inspection Date_____ Approved - [] Yes [] No

[] Occupancy of Right-of-Way:

2.

3.

Estimated Start and Length of Closure: Description of project (attach additional sheet if necessary): Approved - [] Yes [] No	Location:			
Approved - [] Yes [] No	Estimated Start and Length of C	losure:		
plicant's Signature:	Description of project (attach add	ditional sheet if neo	cessary):	
oplicant's Signature:				
	Approved -	[] Yes	[] No	
				(Date)
taff Signature:	Signature:			(Date)

Application #:	Date(s) Advertised:
Filing Date:	Date of Meeting:
Fees Paid:	Board Action:
To Clerk's Office on:	Effective Date: