

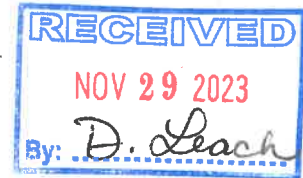
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A02KRRF

INDIVIDUAL
APPLICATION AND PERMIT
FOR USE OF CITY
STREETS AND RIGHT OF WAY

\$5,000 Bond (cashier check)
\$1,000 Fee

This permit is incomplete without page 2
PLEASE PRINT IN INK OR TYPE



Applicants Name <i>William Zingeman II</i>	Contractor Name (Individual, Company, etc.) <i>DVM Utilities Inc</i>
Mailing Address <i>6045 Sims DR, Suite 2</i>	Mailing Address <i>" "</i>
City, State, Zip <i>Sterling Heights, MI, 48313</i>	City, State, Zip <i>" "</i>
Contact's Name & Phone Number <i>Mark Tefft II 586-900-1319</i>	Phone <i>586-979-0402</i>

Request: I do hereby make application for a permit to use the right of way of the following city streets.

Street or Other <i>7006 Main ST, Mackinac Island</i>	Location (Give distance and direction from nearest main intersection.) <i>Heading East Roughly 200' towards Boyon Ln.</i>
Date work to start on <i>AS SOON AS WE RECEIVE PERMIT</i>	Date work to be completed by <i>7-10 Days from START</i>
Purpose: <i>Directional Drill Place 1.25" conduit, New Hand Hole, Pull Fiber TO CUSTOMER.</i>	

I certify that I accept the following:

1. Commencement of work set forth in the permit application constitutes acceptance of the permit as issued.
2. Failure to object within ten (10) days to the permit as issued constitutes acceptance to the permit as issued.
3. If this permit is accepted by either of the above methods, I will comply with the provisions of the permit.

Applicant/Authorized Agent Signature <i>William Zingeman II</i>	Date <i>11-27-2023</i>
(If authorized agent - I hereby certify that I am acting as an authorized agent on behalf of the named applicant.)	

Inv# 23-060