## INDIVIDUAL APPLICATION AND PERMIT FOR USE OF CITY

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

For house located at 2827 cadotte This permit is incomplete without page 2 Fee - CK# 10047

STREETS AND RIGHT OF WAY

Bond - CK#1019504

- cut happening on The St. Side

This state	
Applicants Name	Contractor Name (Individual, Company, etc.)
GFAK LLC	BELONGA EXCAVATING
Mailing Address	Mailing Address
P.O. BUX 498	115 WEST ELLIOT STREET
City, State, Zip	City, State, Zip
MACKINAC ISLAND 49757	ST IGNACE 49781
Contact's Name & Phone Number	Phone .
KATY RISE 231 881 3972	906 643 9595

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

Location (Give distance and direction from nearest main intersection.)	
60' WEST OF CADOTTE	
Date work to be completed by	
system installing new	
system installing new	

## 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	Date
15C	9/18/24
, /	
(If authorized agent - I hereby certify that I am acting as a	n authorized agent on behalf of the named applicant.)

