

Permit #: \_\_\_\_\_

Blanket or Individual

**CITY OF BRIGHTON  
APPLICATION FOR AUTHORIZATION TO CONSTRUCT UTILITIES, EXCAVATE OR PERFORM WORK IN CITY  
STREETS OR RIGHT-OF-WAY.**

**INSTRUCTIONS:** Applicants must completely fill out the following form and submit it to the City of Brighton with a plan or sketch of the proposed work. **APPLICATIONS WILL NOT BE CONSIDERED WITHOUT DRAWINGS.** An authorized representative of the applicant must sign all applications submitted. Applicant agrees to be bound by the attached conditions and specifications, which are a part of this application. No work may be performed until the application has been authorized by the City of Brighton. If a copy of the application is desired by the applicant for its records, duplicate forms should be submitted. The City of Brighton will retain one copy of the application and plans.

**DPS DIRECTOR MUST BE NOTIFIED AT 810.225.8001 TWENTY-FOUR (24) HOURS PRIOR  
TO PERFORMING WORK.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Email Address \_\_\_\_\_

**If using subcontractor, name and contact # must be provided below:**

Subcontractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location and Description of Proposed Work: \_\_\_\_\_

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

List of Streets or Right-of-Ways to be Excavated: \_\_\_\_\_

\_\_\_\_\_

**Date(s) and Time(s) of Construction:**

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

**End Date:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

By making this application, the applicant agrees to be bound by the attached ordinance:

Applicant

City of Brighton

\_\_\_\_\_  
Authorized Representative (signature)

\_\_\_\_\_  
DPS Director

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
DPW Superintendent

Date: \_\_\_\_\_

Inspection Required? \_\_\_ Y \_\_\_ N

Inspected by: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

(OVER)

