

TEMPORARY OBSTRUCTION OF PUBLIC PROPERTY

In addition to your application, the following is also required:

- Three copies of a site plan (1/16 inch = 1 foot OR 1 inch = 20 feet scale) shall be submitted showing the following:
 - . Location of building(s) on the lot(s)
 - . Proposed barricade(s) that will be used
 - . Any re-routing of traffic necessitated by barricades

The following inspections are required for a Temporary Obstruction of Public Property Permit:

- #252 Inspection after set-up
- #253 Obstruction removed
- #242 Final inspection



BUILDING & SAFETY DEPARTMENT
4500 Maple / Dearborn, MI 48126
313/943-2150

TEMPORARY OBSTRUCTION OF PUBLIC PROPERTY PERMIT

Location and Description of Property

Address _____

Lot No. _____ Subdivision _____

Nature of Project

Type of Barricade(s) _____

Approximate dates that traffic will be diverted or blocked off on street, alley or sidewalk: _____

PROPERTY OWNER INFORMATION/AFFIDAVIT:

I do hereby certify that I am the owner of the property herein described and that I have given the applicant herein named permission to perform the work described in this application:

Name of Property Owner _____

Address _____

Phone Number _____

Driver's License or State Identification Number _____

Date of Birth ____/____/____

Signature of Property Owner _____

APPLICANT INFORMATION/AFFIDAVIT:

Application is hereby made for a permit for temporary obstruction of public property as described in this application and the accompanying drawings, which are a part of this application. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn.

Name _____

Address _____

Phone Number _____

Driver's License or State Identification Number _____

Date of Birth ____/____/____

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, Wayne County, Michigan

My commission expires _____

FOR OFFICE USE ONLY

- Application complete
- 3 Sets of Drawings submitted

Staff Initials _____

Permit Number _____

Date Submitted _____

Plan Reviewer _____

Date Approved _____

Traffic Safety Reviewer _____

Date Approved _____

B&S Director _____

Date Approved _____

Permit Fee \$ _____

Penalty Fee \$ _____

Plan Examination Fee \$ _____

PAY THIS AMOUNT \$ _____