

**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: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_  
(LAST) (MIDDLE) (FIRST)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE/ZIP)

Telephone: \_\_\_\_\_

## OCCUPANCY OF, OR WORK WITHIN STREET RIGHT-OF-WAYS

**July 1, 2025, to June 30, 2026, FEE SCHEDULE**

**[ ] Driveway Permit:**

|     |                    |          |
|-----|--------------------|----------|
| [ ] | New Construction - | \$100.00 |
|-----|--------------------|----------|

|                  |         |
|------------------|---------|
| Reconstruction - | \$80.00 |
|------------------|---------|

Inspection Date\_\_\_\_\_ Approved - ☐ Yes ☐ No

**[ ] Pavement Cut Permit:**

[ ] Location \_\_\_\_\_ \$100.00

Inspection Date\_\_\_\_\_ Approved - ☐ Yes ☐ No

**[ ] Occupancy of Right-of-Way:**

[ ] Location:

Estimated Start and Length of Closure:

Description of project (attach additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved -

☐ Yes

☐ No

2. Applicant's Signature: \_\_\_\_\_  
(Date)

3. Staff Signature: \_\_\_\_\_