

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

[] Pavement Cut Permit:

[]	Location	\$100.00
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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: _____