



TOWNSHIP OF BRUCE

Building Department

223 East Gates Street, Romeo, Michigan 48065

Building Department Direct Line: 586-258-7053

Fax: 586-752-4866

Email: building @brucetwp.org

Web: www.brucetwp.org

LICENSE FOR EXCAVATING CONTRACTOR

Township License Number _____

License Fee \$100.00 paid _____

Applicant _____

Applicant Address _____

Business Phone # _____

\$5,000 Surety Bond (attached) _____

Fax # _____

Insurance Certificate (attached) _____

Emergency Contact _____

Emergency Phone # _____

State of Michigan Builder's License # _____ expiration date _____

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The above named applicant hereby makes application for a License for Excavating Contractor commencing on _____ and ending on _____. Said applicant agrees that, if he is granted this license he will abide by the following conditions:

1. The contractor will hold harmless and indemnify Bruce Township for all liability arising out of the performance of his work.
2. The contractor will give notice to Bruce Township at least two (2) normal working days prior to his intended commencement date for any new project in the Township for which he is engaged.
3. The contractor will provide a minimum of 24 hours notice for inspection requests.
4. The contractor will ascertain and comply with all ordinances and maintaining all licenses that regulate the work for which he is engaged.
5. If the contractor damages the existing waste water and domestic water facilities or causes foreign material to enter the systems, he shall be responsible for making the necessary repairs or cleaning the system as directed by the Superintendent. Failure to comply with these requirements within forty-eight (48) hours shall cause Bruce Township to take whatever remedial action is necessary to resolve the situation and said cost shall be paid by the applicant or his security company.
6. The contractor is responsible for permits which may be required for work in the Macomb County Department of Roads right of way and from the Macomb County Soil Erosion Department.

Issued by

Applicant Signature

Date of Issuance

Printed name of signer

Date