

Revised
01/13/03

Clinton County
Road Commission

LAND DIVISION ACCESS REQUEST FORM

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

_____, MI ZIP: _____ DATE STAKED: _____

ROAD NAME: _____

LOCATION: _____ Ft./Mi. N E S W from _____

SIDE OF ROAD: N E S W

DRIVEWAY LOCATION RESTRICTIONS: Yes No

SUBDIVISION NAME: _____

PERMIT FEE DUE: \$50.00

RECEIPT # _____ RECEIPT DATE _____

****Please include a copy of Survey and /or Land Splits with this form.****

Inspectors Comments:

 Property Owner Signature: _____ 

Return to: **Clinton County Road Commission**
3536 S. BR127
St. Johns, MI 48879

Phone: 989-224-3274

Fax #: 989-224-4003