

APPLICATION AND PERMIT

to construct, operate, maintain, use and/or
remove within a county road right-of-way

PERMIT NUMBER _____

CLINTON COUNTY ROAD COMMISSION

3536 S. US Highway 27, ST. JOHNS, MI 48879

Phone: (989) 224-3274 - Fax: (989) 224-4003 - E-Mail: ccrc@ccrc-roads.com

If applicant hires a contractor to perform the work, **BOTH** must complete this form
and **BOTH** assume responsibility for the provisions of this application and Permit.

Paid for by

Paid for by

APPLICANT	CONTRACTOR
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
City, State _____ ZIP: _____	City, State _____ ZIP: _____
PHONE #: _____	PHONE #: _____

Contact Name: _____	Contact Name: _____
EMAIL _____	EMAIL _____

FINANCIAL REQUIREMENTS	DESCRIPTION OF WORK
Permit Fee: \$ _____	Date staked: <input style="width: 100px;" type="text"/> enter date
Est. Inspect Fee: \$ _____	Existing drive: <input style="width: 50px;" type="text"/>
Deposit: \$ _____	Curb & Gutter: <input style="width: 50px;" type="text"/>
Letter of Credit: \$ _____	Residential: <input style="width: 50px;" type="text"/>
Other: \$ _____	AG drive: <input style="width: 50px;" type="text"/>
Receipt Number: _____	Commercial: <input style="width: 50px;" type="text"/>
Dated: _____	Work in ROW: <input style="width: 50px;" type="text"/>
Please mark all that apply with an X	

City _____ Township _____ Lot # _____

Name of road _____ between _____ and _____

LOCATION: _____ ft. / miles N S E W from crossroad _____

for a period beginning: _____ and ending: _____

DESCRIPTION OF WORK TO BE DONE: _____

PERMIT

A permit is granted in accordance with the foregoing application for the period stated above, subject to the following terms agreed
to by the Permit Holder. When Applicant hires a Contractor the "Permit Holder" is the Applicant and the Contractor.

RECOMMENDED FOR ISSUANCE: _____
(Date)

BOARD OF COUNTY ROAD COMMISSIONERS
CLINTON COUNTY, MICHIGAN

Road Commission Representative

Managing Director

