

**Board of County Road Commissioners  
Livingston County, Michigan  
Application for Permit to Construct a Commercial Driveway Approach**

Name of Proposed Development: \_\_\_\_\_

Township: \_\_\_\_\_ Section: \_\_\_\_\_

Roadway On: \_\_\_\_\_ Side of Road:  North  South  East  West

Crossroad Reference: \_\_\_\_\_  feet  mile  N  S  E  W of \_\_\_\_\_  
 (Distance) (Direction) (Nearest Crossroad)

Property Owner: \_\_\_\_\_ Contractor: \_\_\_\_\_

Current Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Day/Other Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Applicant Requirements**

- Two (2) copies of site plan are required.
- Property corners and centerline of approach must be clearly staked.  
Indicate date when stakes will be placed: \_\_\_\_\_
- Prior to issuance of a construction permit, Contractor information must be completed and a certificate of insurance (with the Livingston County Road Commission named as an additional insured) is required. Please check on box below that applies:
  - Contractor has not been selected. Information and insurance will be provided at later date.
  - Contractor information is complete. Certificate of insurance will be provided at later date.
  - Contractor information is complete. Certificate of insurance is attached or on file with LCRC.
- Is the applicant the property owner?  Yes  No  
 \_\_\_\_\_  
 (If no, print name, company and phone number of applicant)
- Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**LCRC Use Only**

Application Fees =	Payment #1	Payment #2
<b>\$ 150.00</b>	_____/_____/_____ Date Received	_____/_____/_____ Date Received
<b>Additional Fees</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash
Interim Permit(s) = _____ @ \$10.00 = \$ _____	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> Check No. _____
Plan Review(s) = _____ @ \$30.00 = \$ _____	_____ \$ _____	_____ \$ _____
Inspection(s) = _____ @ \$40.00 = \$ _____	Receipt No.      Amount	Receipt No.      Amount
Total Additional Fees = \$ _____		
<b>Total Fees =</b>		
\$ _____		

**Application Fees** include application, initial field inspection, construction permit, compliance inspection and compliance report.  
**Additional Fees** may be required if inspection services exceed the scope of services associated with Application Fees.

Permit No. \_\_\_\_\_

Township \_\_\_\_\_

Applicant: \_\_\_\_\_