



CLARE COUNTY ROAD COMMISSION
3900 E. Mannsiding Rd.
Harrison, MI 48625
989/539-2151 or FAX: 989/539-7751

Permit # _____
 Issue Date _____
 Payment _____

Application for Driveway Permit

Date: _____ Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email _____

Contractor (if any) _____

LOCATION OF DRIVEWAY

N ___ S ___ E ___ W ___ side of _____ Rd./Ave.

_____ feet/miles N S E W of _____ Rd./Ave.

_____ Subdivision. _____ Township

(TO BE FILLED OUT BY INSPECTOR. Cross out statements which do not apply. Correct anything that is different from what is stated. Fill in blanks with the proper figures.)

1. Residential drive, _____ feet wide.
2. Commercial Driveway _____ feet wide
3. (a) Crest drive, no culvert required.
 - (b) Property owner to furnish and install _____ L.F. of new _____ inch CMP culvert in bottom of existing ditch.
 - (c) Property owner to furnish and install _____ L.F. of new _____ inch CMP culvert in bottom of ditch which the Road Commission will dig or clean.
 - (d) Property owner to furnish and install _____ L.F. of new _____ inch CMP culvert in bottom of ditch in which property owner will dig or clean.
4. Drive to be surfaced with _____ inches of compacted thickness of crushed gravel (MDSH specification 23A), _____ feet wide.
5. Commercial Drive - Limestone or equal to _____ inches of compacted thickness

Date _____ Inspector _____

Remarks _____

