

**Otsego County Road Commission**  
669 W. McCoy Road, P.O. Box 537, Gaylord, MI 49734-0537  
Telephone (989) 732-5202 • Facsimile (989) 732-6775

**Application and Permit to Construct a Driveway Approach**

Receipt \_\_\_\_\_

Date: \_\_\_\_\_

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

<b>Applicant (Mailing address for permit)</b>	<b>Contractor (*See note below*)</b>
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Contact Phone: _____	Contact Phone: _____
Facsimile: _____	Facsimile: _____
E-mail: _____	E-mail: _____

**Site information:**    Residential    Commercial   /   **Fees Paid:**   Yes    No

Road Name: \_\_\_\_\_ House No.: \_\_\_\_\_

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

**Help us find your site by giving us the following directions:**

The site is located on: \_\_\_\_\_ on the N S E W (circle one) side of the road  
\_\_\_\_\_ miles/feet N S E W from \_\_\_\_\_ Road  
between \_\_\_\_\_ Road and \_\_\_\_\_ Road

- Work to be completed:**
- Pave Existing Drive:       Asphalt    Concrete
  - Repair/extend existing drive
  - Temporary Drive
  - NEW DRIVE:                      Surface Type:  Asphalt    Concrete    Gravel

*NOTE: Gravel is Required in R.O.W.*

Circle Number of Drives:   1   or   2

Remarks: \_\_\_\_\_

<b>Date Work to Begin On:</b> _____	<b>DATE SITE WILL BE FLAGGED:</b> _____
-------------------------------------	---

Applicant's Signature: \_\_\_\_\_ Contractor's Signature: \_\_\_\_\_

Notice: It is the responsibility of the applicant to flag the proposed driveway location so the inspector will be able to determine the exact proposed location. Failure to flag by specified date may result in considerable delay. Please allow 10-20 days for the original permit to be mailed to the above address. Any construction performed before receipt of the original permit may not meet Road Commission standards and is subject to revision or removal at the applicant's expense and could result in a fee being assessed. **\*A certificate of insurance naming the OCRC as an additional insured is required from the contractor or permit will not be issued.\***

**Do Not Write Below This Line**

Date Checked: \_\_\_\_\_ Surface Type: G A C      Number of Drives: 1 2      Width: \_\_\_\_\_

Road Name: \_\_\_\_\_ on the N S E W Side

Drive No.: 1      Drive No.: 2      Miles/Feet N S E W of \_\_\_\_\_

Culvert    Required (if required 12 in. x 20 ft. minimum)    Not Required

Sight Distance   N S E W      N S E W

Remarks: \_\_\_\_\_

Approved By: \_\_\_\_\_, Permit Agent      Date: \_\_\_\_\_