

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:

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 Property Owner Signature: \_\_\_\_\_ 

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

Phone: 989-224-3274

Fax #: 989-224-4003