IONIA COUNTY ROAD COMMISSION 169 E. Riverside Drive; P.O. Box 76, Ionia MI 48846 (616) 527-1700 (office) or (616) 527-8848 (fax)

APPLICATION FOR PERMIT

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

If an applicant hires a contractor to perform the work, the contractor information below must be filled out. BOTH applicant and contractor assume responsibility for the provision of this application and permit.

			<u>APPLIC</u>	CANT							
NAME:											
MAILING ADDRESS:											
CITY, STATE, ZIP:											
TELEPHONE:				FAX:							
			CONTRA	ACTOR							
NAME:											
MAILING ADDRESS:											
CITY, STATE, ZIP:											
TELEPHONE:			I	FAX:							
			PERMIT L	OCATIO	N						
Township:				Section Number							
Name of Road:					Which side of	of road?	N	S	Е	W	
Between (closest road):				and							
Approximately how far from	om nearest r	oad?									
Permit Type (circle one):	Residential	Farm Field	Commercial	Public/F	Private Road	Other:					
Driveway Surface Type (check one): Gravel			Bituminous			Concrete					
Planned start date:			Planned	Planned completion date							
Permits will be issued we mailed or faxed to the appendix and Supplemental Permit cannot begin until an app	oplicant. By it Specificatio	signing beloons and agree	w, the applica e to abide ther	nt and/o	r their contra	ctor ackn	owled	ge rece	eipt of	the General	
Applicant Signature:				Date:							
Contractor Signatu		Date:									
FOR ICRC OFFICE USE		******	******	******	******	*****	******	*******	******	*******	
Notes:											

Permit fee: To be billed: Other: Date: Bond:

Application number: Receipt #: Deposit: Inspected by: