

Road: _____ Township: _____ Section: _____ Applicant: _____ Permit # _____

Parcel Number: _____

<p>APPLICATION FOR LAND DIVISION ACCESS</p> <p>SHIAWASSEE COUNTY ROAD COMMISSION</p> <p>701 W. CORUNNA AVENUE, CORUNNA, MICHIGAN 48817-1229</p> <p>PHONE: (989) 743-2228 EMAIL: GENERALMAIL@SHIAWASSEEROADS.COM</p>
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Applicant: _____

Name	Address	City / State / Zip Code
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Telephone #: _____ Fax #: _____ Email: _____

Location (road name): _____ on the North South East West side of the road. Between _____ Road
(Check One)

And _____ Road, approximately _____ from _____
(Distance) (Nearest Intersection)

Date the proposed Lots will be clearly staked: _____

Are new driveways planned for any of the lots in this land division within the next 3 months? _____ Yes _____ No

Private Road _____ Yes _____ No

Permit Fee: \$ _____ (\$40.00 for the first lot and \$10.00 for each additional lot reviewed with this application.)

At the time of development driveway permits will be required.

PARCEL	APPROVED	DENIED	REMARKS

I attest that the statements made above and on the attached drawing are true, and if found not to be true this application and any approvals given will be void. I agree to comply with any conditions of this approval. I grant permission for governmental officials to enter the parcels described in this application for the purpose of inspection to verify the information in this application. I understand that approval of this application is limited to compliance with P.A. 591, of 1996. I further understand that the actual transfer of property is necessary in order to establish any interest in the property based upon this land division approval.

APPLICANT _____
(DATE)

APPROVED BY _____
(DATE)