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

APPLICATION FOR LAND DIVISION ACCESS

SHIAWASSEE COUNTY ROAD COMMISSION
701 WEST CORUNNA AVENUE
CORUNNA, MICHIGAN 48817-1229
PHONE (989) 743-2228 OR FAX (989) 743-5008

Applicant: _____
Name Address City/State Zip Code

Telephone #: _____ Fax #: _____

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

And _____ Roads. Approximately _____ from _____
(Distance) (Nearest Intersection)

Date the proposed Lots will be clearly staked: _____

Private Road _____ Yes _____ No. Fee: $40.00 for the first lot and $10.00 for each additional lot reviewed with this application.
Fee: _____ Paid _____ or Billed _____. At the time of development driveway permits will be required.

LOT #	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 necessary in order to establish any interest in the property based upon this land division approval.

APPLICANT _____ APPROVED BY _____
(DATE) (DATE)