

**Board of County Road Commissioners  
Livingston County, Michigan  
Application for Field/Temporary Driveway**

Township: \_\_\_\_\_ Section No.: \_\_\_\_\_

Name of Development (if applicable): \_\_\_\_\_

Roadway On: \_\_\_\_\_ Side of Road: North South East West

Crossroad Reference: \_\_\_\_\_ feet mile N S E W of \_\_\_\_\_  
(Distance) (Direction) (Nearest Crossroad)

Indicate type of temp/field approach: Agricultural Commercial Construction

Anticipated volume of vehicular use (i.e. vehicles/day): \_\_\_\_\_

Anticipated type of vehicular use (i.e. tractor, semi-truck): \_\_\_\_\_

Property Owner: _____	Contractor: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Day Phone: (____) _____ - _____	Day Phone: (____) _____ - _____
Email: _____	Email: _____

**Applicant Requirements**

1. Survey sketch or site plan is required.
2. Existing property corners shall be clearly staked (preferably 4-foot high narrow wood stakes) along the road frontage. A stake for the proposed driveway location must also be placed. The applicant's name and corresponding parcel number or driveway information should be provided on each stake.

Please indicate the date that stakes will be placed along the road frontage: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Is the applicant the property owner? Yes No

\_\_\_\_\_  
(If no, print name, company and phone number/email of applicant)

**By checking this box, the Property Owner, Contractor and Applicant are hereby accepting the terms and conditions as outlined on the permit.**

*LCRC Use Only*

<b>*Application Fee =</b> <span style="float: right;"><b>\$ 75.00</b></span>	<b>Payment #1</b>	<b>Payment #1</b>
<b>**Additional Fees (determined by the LCRC)</b>	____/____/____ Date Received	____/____/____ Date Received
Inspection(s) = ____ @ \$25.00 = \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash
Total Additional Fees = \$ _____	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> Check No. _____
<b>Total Fees =</b> \$ _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Credit Card
	____ \$ _____ Receipt No. Amount	____ \$ _____ Receipt No. Amount

**\*Application Fee** includes application, initial field inspection, field report.

**\*\*Additional Fees** may be required if inspection services exceed the scope associated with the Application Fee as determined by the LCRC.

1/2023

Applicant: \_\_\_\_\_

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

Review No: \_\_\_\_\_