

City of Gaylord

305 East Main Street, Gaylord, MI 49735

Phone: (989) 732-4060 Fax: (989) 732-8266

APPLICATION FOR DRIVEWAY PERMIT

Property Owner Name: _____ **Phone Number:** _____

Property Owner Address: _____

Business Name (If Applicable): _____

A. Location (Project Address) _____ **Construction Start Date:** _____

B. Driveway Details - Check the following items as they apply to the driveway being proposed.

Curb Cut: New driveways that require a curb cut for street access also require a sidewalk permit.

Select one of the following:

New Driveway: Are you paving a new driveway or entirely removing an existing one to pave a new driveway?

Resurfacing: Are you resurfacing an existing driveway? Includes milling the surface or paving over the existing surface. If resurfacing, will there be any expansion of the existing driveway? Y N

Additional Paved Area: Including widening, lengthening, adding a parking pad, or similar expansion.

Describe the materials being used to construct the new or replacement surface. Gravel is not permitted.

C. Site Plan (Required)

Attached. Must include the location of all existing and proposed buildings, lot lines, and driveways.

I Agree That... (Required)

The driveway will be installed on my property, not in a public right of way, and in conformance with any required easements.

The driveway will be installed as shown on the attached site plan and in accordance with approval requirements from the City.

The driveway will abide by any conditional approvals, including but not limited to green space requirements; clear vision; required setbacks; and construction

Contractor Name: _____ **Phone Number:** _____

Address: _____

I hereby certify that the above statements are true and correct. I have completed this application to the best of my knowledge. I agree to furnish a detailed sketch of the proposed construction at the time the application is filed to the City Zoning Administrator that displays the location and width of drive. I am aware the DPW Superintendent will determine if a ditch culvert is needed. If deemed necessary I agree to the construction of a ditch culvert at the Superintendent's specifications.

Applicant Signature: _____ **Date:** _____

Approved _____ **Denied** _____ **Reason:** _____

Zoning Administrator Signature: _____ **Date:** _____