

1120 Monroe Ave NW

Phone: 616.456.4100

Fax: 616.456.4199

Application
Driveway Permit

I.	Project Inform	ation		Please Pri	nt or Type			
	<b>A. Location</b> (Requir	red)						
	Project Address							
B. Driveway Details Check the following items as they apply to the driveway being proposed.								
	☐ Alley Access: Is Select one of the fo	□ Curb Cut: New driveways that require a curb cut for street access also require a sidewalk permit. □ Alley Access: Is the property located along an alley? 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 If Resurfacing, will there be any expansion of the existing driveway?								
						.5		
				g 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.								
	☐ Is there a garag	e on the property? he width of the garage	door (in foot)					
C.	Site Plan (Required		e door (iii leet)		_			
	☐ Attached. Must	include the location o	f all existing and	d proposed buildings, lot line	es, and driveways.			
D.	I Agree That (Req					l		
					conformance with any required ance with approval requirement			
						ear vision; required setbacks; and co	onstruction	
	materials.							
II.					o receive prompt application re	view updates.)		
	A. Property Own	Property Owner – Required (If Property Owner is Permit Applicant, Check Here ☐ )						
	Name							
	Street Address				Telephone Number			
	City		State	Zip	Mobile Number	E-mail Address		
	B. Applicant Info	B. Applicant Information (Signature Required, Contact Information Required if Applicant Not Indicated by Check Box						
	Name & Title of Contra	actor, Owner, or Authoriz	d Agent of the Owner		Company Name			
	Charat Address				Talankana Musukan			
	Street Address				Telephone Number			
	City		State	Zip	Mobile Number	E-mail Address		
			ruct the drivew	ay according to the plans	and specifications on file with	n this office and to adhere to the p	lan	
	review and correct	tion letter if issued"						
	Applicant Name (Plea	se Print)		Applicant Signature		Date		
For	Office Use Only	Counter F	Review 🗆	Historic Dist. □	Clear Vision □			
Sig	n-Offs Required	Approved By	Date	Notes				
	Planning							
	Hist. Pres.							
	Traffic		i		Cach Chook	Cord		
∠Ul	ning Permit Number	ı		<sup>-</sup> ee:	Cash L Check:			