IONIA COUNTY ROAD DEPARTMENT
170 E. Riverside Drive Ionia, MI 48846
Phone: 616-527-1700 Fax: 616-527-8848 Email: info@ioniacountyroads.org

APPLICATION FOR PERMIT

to construct, operate, maintain, use and/or remove within a county road right-of-way

If an applicant hires a contractor to perform the work, the contractor information below must be filled out. Applicant and contractor assume responsibility for the provision of this application and permit.

APPLICANT

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ Email: _____ FAX: _____

CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ Email: _____ FAX: _____

PERMIT LOCATION

Township: _____ Section Number _____

Name of Road: _____ Which side of road? N ☐ S ☐ E ☐ W ☐

Between (closest road): _____ and _____

Approximately how far from nearest road? _____

***Permit Type (circle one): Residential Farm Field Commercial Public/Private Road Other*:**

Driveway Surface Type (check one): Gravel ☐ Bituminous ☐ Concrete ☐

Planned start date: _____ Planned completion date _____

Permits will be issued within seven (7) working days from the day the flag/marker is in place. Permit may be picked up, mailed or faxed to the applicant. By signing below, the applicant and/or their contractor acknowledge receipt of the General and Supplemental Permit Specifications and agree to abide them and any requirements shown on the approved permit. Work cannot begin until an approved permit has been issued.

Applicant Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

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FOR ICRC OFFICE USE ONLY:

Notes:

Permit fee: _____ To be billed: _____ Other: _____
Date: _____ Bond: _____ Application number: _____
Receipt #: _____ Deposit: _____ Inspected by: _____