

Date Applied: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Plan Reviewer: \_\_\_\_\_  
 Dept. Approval: \_\_\_\_\_

## Sidewalk & Approach Permit Application

BUILDING DEPARTMENT  
 CHARTER TOWNSHIP OF CLINTON

40700 Romeo Plank Rd.  
 Clinton Township, MI 48038

24 Hr. Insp. Line: (586)286-9320

Direct Line: (586)286-9323

Fax No.: (586)286-9484

building@clintontownship-mi.gov

Office Hours: 8:30 a.m. – 4:30 p.m.

MONDAY THROUGH FRIDAY

**ORDINANCE PERMIT**

Permit No. \_\_\_\_\_  
 Permit Fee \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

Authority: Ord. 1022.04  
 Completion: Mandatory to obtain Permit  
 Penalty: Permit will not be issued

**I. JOB LOCATION**

|                                  |                     |                    |
|----------------------------------|---------------------|--------------------|
| <b>Street Address</b>            | <b>Phone Number</b> |                    |
| <b>Name of Owner of Property</b> | <b>Lot/Bldg.#</b>   | <b>Subdivision</b> |

**II. APPLICANT INFORMATION**

|  |              |                      |  |
|--|--------------|----------------------|--|
| Indicate who the applicant is<br><input type="checkbox"/> Contractor <input type="checkbox"/> Property owner | <b>Name</b>  | <b>Phone Number</b>  |  |
| <b>Address(Street and Number)</b>  |              | <b>EMAIL ADDRESS</b> |  |
| <b>City</b>  | <b>State</b> | <b>Zip Code</b>      |  |

**III. PROJECT DATA**

|   |   |
|---|---|
| <b>USE</b><br><input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Multi Family <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____ | <b>Estimated Cost of Construction</b>   |
| \$  |   |
| <b>DESCRIPTION OF WORK</b> (example: replacing approach and 30 feet of sidewalk)  |   |
| <b>Condition</b><br><input type="checkbox"/> New <input type="checkbox"/> Replacement   | <b>Type of Lot</b><br><input type="checkbox"/> Corner Lot <input type="checkbox"/> Interior Lot |

**IV. Applicant Signature**

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of the Charter Township of Clinton. All information submitted on this application is accurate to the best of my knowledge.

**BRICK PAVERS/PATTERNED CONCRETE:** The permit holder is aware that the Macomb County Department of Roads is not responsible for repair and/or replacement of pavers/patterned concrete due to any disturbance by general maintenance, emergency repair, etc. by the Macomb County Department of Roads. The Department of Roads shall be held harmless in the event that any such disturbance shall occur. No patterned concrete or pavers are permitted in the sidewalk area.

|                                    |            |      |
|------------------------------------|------------|------|
| Signature of Licensee or Homeowner | Print Name | Date |
|------------------------------------|------------|------|

**V. Plan Review Comments or Conditions of Permit (Department Use Only)**

# SIDEWALK APPROACH PERMIT INFORMATION

APPROACH AND SIDEWALK WITHIN THE APPROACH AREA SHALL BE 6 INCHES IN THICKNESS

LENGTH OF SIDEWALK SQUARES TO BE REPLACED \_\_\_\_\_

MARK REPLACEMENT AREA BELOW

APPROACH REPLACEMENT      YES \_\_\_\_\_      NO \_\_\_\_\_

APPROACH MAXIMUM SIZES:

1 CAR OR DETACHED GARAGE:

DIMENSION "A" MUST BE 20' OR LESS  
DIMENSION "B" MUST BE 28' OR LESS

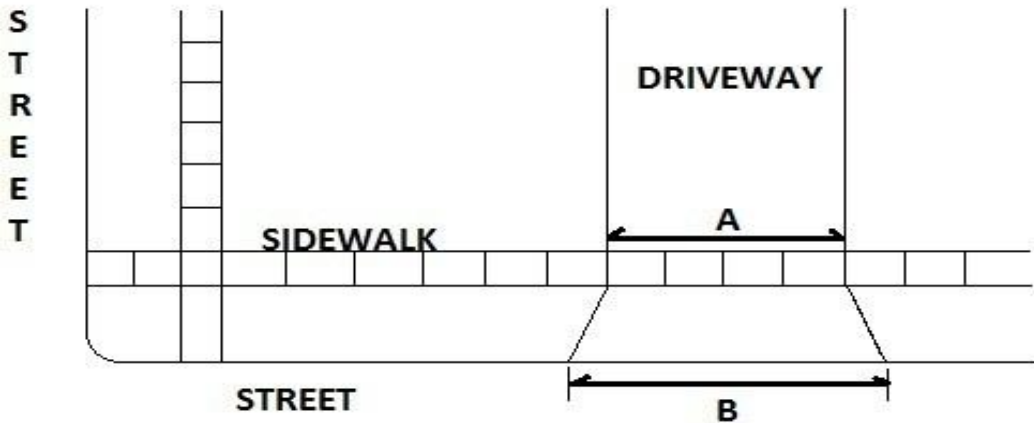
2 CAR GARAGE OR LARGER:

DIMENSION "A" MUST BE 30' OR LESS  
DIMENSION "B" MUST BE 35' OR LESS

HOW MANY CAR GARAGE IS THE DRIVEWAY SERVING? \_\_\_\_\_

A- WIDTH OF APPROACH AT SIDEWALK \_\_\_\_\_ FT

B- WIDTH OF APPROACH AT STREET \_\_\_\_\_ FT



ALL WORK SHALL BE DONE PER TWP SPECIFICATIONS AND INSPECTION CALLED FOR, BEFORE CEMENT IS POURED

APPROACHES THAT ABUT ROADS WITHOUT CURB AND GUTTER ARE TO BE PERMITTED THROUGH MACOMB COUNTY DEPT. OF ROADS (IF YOU ARE NOT SURE INQUIRE WITH A BUILDING DEPARTMENT STAFF MEMBER)