

CITY OF ST. CLAIR SHORES

Community Development Department  
27600 Jefferson Ave.  
St. Clair Shores, MI 48081

Phone: 586-447-3340  
Fax: 586-445-4098

REQUEST FOR DRIVEWAY APPROVAL

Date: \_\_\_\_\_ SITE ADDRESS: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

CONTRACTOR/APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REQUEST (be sure to include reason for request, or hardship posed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a sketch/survey of property showing existing location and new request.*

Applicant Signature \_\_\_\_\_

<input type="checkbox"/> <b>Denied</b>	<input type="checkbox"/> _____ Sign & Date
<input type="checkbox"/> <b>Approved/Concrete Permit Required</b>	<b>Variance Request Approved As Noted On Drawing</b>
_____ <b>sidewalk</b> _____ <b>approach</b> _____ <b>driveway</b> _____ <b>curb &amp; gutter</b> (24 inches from back of curb) _____ <b>curb cut</b> (must be pulled by licensed curb cutter)	<b>Concrete Permit Required</b> <b>sidewalk</b> _____ <b>approach</b> _____ <b>driveway</b> _____ <b>curb &amp; gutter</b> _____ (24 inches from back of curb) <b>curb cut</b> _____ (must be pulled by licensed curb cutter)
_____ Plan Reviewer <span style="float: right;">Date</span>	
Notified Applicant _____ Initials <span style="float: right;">Date</span>	PHONE _____ MAIL _____