



APPLICATION FOR COMMERCIAL DRIVEWAY PERMIT
PLEASE TYPE OR PRINT IN INK COMPLETELY AND IN TRIPLICATE

_____ of _____
 (Name of Owner) (Mailing Address-City, State) (Zip Code)

_____ of _____
 (Name of Billing) (Billing Address- City, State) (Zip Code)

hereinafter termed the Owner, request permission and authority to maintain a driveway or driveways, and submit herewith to the Commissioner of Transportation the following:

1. Descriptive location and address of proposed and/or existing driveway(s)

Drive A _____ Ft. (N) (S) (E) (W) of _____
 Exact address of driveway Distance Property line nearest cross street

Driveway width at widest point _____ ft. Proposed Existing

Drive B _____ Ft. (N) (S) (E) (W) of _____
 Exact address of driveway Distance Property line nearest cross street

Driveway width at widest point _____ ft. Proposed Existing

Drive C _____ Ft. (N) (S) (E) (W) of _____
 Exact address of driveway Distance Property line nearest cross street

Driveway width at widest point _____ ft. Proposed Existing

Drive D _____ Ft. (N) (S) (E) (W) of _____
 Exact address of driveway Distance Property line nearest cross street

Driveway width at widest point _____ ft. Proposed Existing

2. Exact address of property _____ Zip _____

3. Exempt: The Owner certifies that the private property adjacent to and served by the driveways will be used exclusively for a public museum or a not for profit hospital. A copy of proof of status must be submitted with this application.

4. FEIN (Federal Employer Identification Number) or Social Security Number _____

5. PIN (Permanent Index Number) of Property _____

6. Describe the exact nature of business to be or being served by driveway(s) _____

See instructions sheet for information on drawings, photographs, fee schedule and certificate of insurance.



CHICAGO DEPARTMENT OF TRANSPORTATION
Driveway Permit Section 121 N. LaSalle Street, Room 905
Chicago, IL 60602

Application Fee: The non-refundable application fee must accompany the application. Make check or money order payable to **City of Chicago**. I certify that all of the above information is true and in accordance with the requirements supplied with this application.

Print name _____ Signature _____ Date _____

ZONING DEPARTMENT APPROVAL

Print name _____ Signature _____ Date _____

Application No _____ Permit No. _____