



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

Name of Owner of Mailing Address-City, State Zip Code

Name of Billing of 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 Exact address of driveway Distance Ft. (N) (S) (E) (W) of Property line nearest cross street

Driveway width at widest point ft. Proposed Existing

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

Driveway width at widest point ft. Proposed Existing

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

Driveway width at widest point ft. Proposed Existing

Drive D Exact address of driveway Distance Ft. (N) (S) (E) (W) of 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. \_\_\_\_\_