

APPLICATION FOR MINIMUM USE DRIVEWAY

APPLICANT/PROPERTY OWNER			
ADDRESS			
POST OFFICE		ZIP CODE	
PHONE	FEE	CHECK NO.	
EMAIL*			

FOR DEPT. USE
APPL. NO.

LOCATION OF PROPOSED DRIVEWAY

County _____

Municipality _____

Route No. _____

Name of Nearest Intersection _____

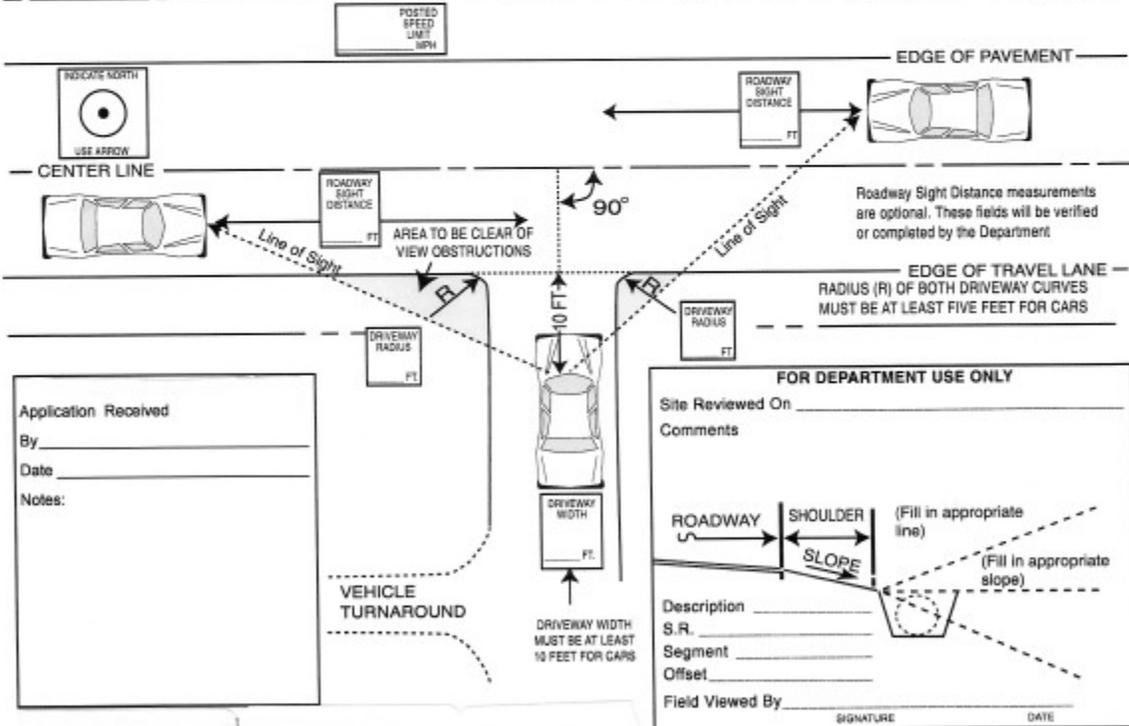
Distance to Nearest Intersection in Feet _____

APPLICATION IS MADE TO

CONSTRUCT A NEW DRIVEWAY ALTER AN EXISTING DRIVEWAY

DATE WORK SCHEDULED TO BEGIN _____

DATE WORK SCHEDULED TO BE COMPLETED _____



Application Received

By _____

Date _____

Notes:

FOR DEPARTMENT USE ONLY

Site Reviewed On _____

Comments _____

Description _____

S.R. _____

Segment _____

Offset _____

Field Viewed By _____

SIGNATURE _____ DATE _____

The applicant certifies that all statements contained herein are true and correct.

By **X** _____ SIGNATURE(S) _____ DATE _____