

APPLICATION FOR MINIMUM USE DRIVEWAY

A Minimum Use Driveway Is A Residential Or Other Driveway Which Is Expected To Be Used By Not More Than 25 Vehicles Per Day (i.e. 50 A.D.T.)

SEE PUBLICATION 312 GUIDE			FOR DEPT. USE
APPLICANT/PROPERTY OWNER			APPL. NO.
			LOCATION OF PROPOSED DRIVEWAY
ADDRESS			County
POST OFFICE ZIP CODE		ZIP CODE	
			Municipality
PHONE	FEE	CHECK NO.	
EMA	IL*		Route No
			Name of Nearest
APPLICATION IS MADE TO			Distance to Nearest
CONSTRUCT A ALTER AN			Intersection in Feet
	STING DRIVEWAY		*If a valid email address is provided, the driveway permit will be
DATE WORK SCHEDULED TO BEGIN			sent via email; otherwise it will be sent via standard US mail.
DATE WORK SCHEDULED TO BE C	OMPLETED		
	POSTED SPEED LIMIT MPH		
INDICATE NORTH			
			FT
— CENTER LINE — — —			
	ROADWAY SIGHT DISTANCE		DO ^o Roadway Sight Distance measurements
		·	are optional. These fields will be verified or completed by the Department
Line of S	VIEW OBSTR		in the
	a la	ስ 🛃	EDGE OF TRAVEL LANE – RADIUS (R) OF BOTH DRIVEWAY CURVES
		10 FI	DRIVEWAY RADIUS MUST BE AT LEAST FIVE FEET FOR CARS
	DRIVEWAY RADIUS	· · · · · · · · · · · · · · · · · · ·	
FOR DEPARTMENT USE ONLY	FT.		FOR DEPARTMENT USE ONLY
Application Received			Site Reviewed On
Ву			Comments
Date			
Notes:		DRIVEWAY WIDTH	
		WIDTH	ROADWAY SHOULDER (Fill in appropriate line)
		FT.	SLOPE (Fill in appropriate
	VEHICLE	1	siope)
	TURNAROUND	DRIVEWAY WI	DTH S.R
	``\	MUST BE AT LE 10 FEET FOR C	EAST 0
			Offset
Is any portion of the property rese	l rved for a		Field Viewed By
person with a disability or a severely disabled veteran?			
		YES NO	

Under and subject to all the conditions, restrictions and regulations prescribed by the Pennsylvania Department of Transportation and on the issued Permit, Form M-945P.

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

