

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)

APPL. NO. _____

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

LOCATION OF PROPOSED DRIVEWAY

County _____

Township/Boro _____

Road Name _____

APPLICATION IS MADE TO

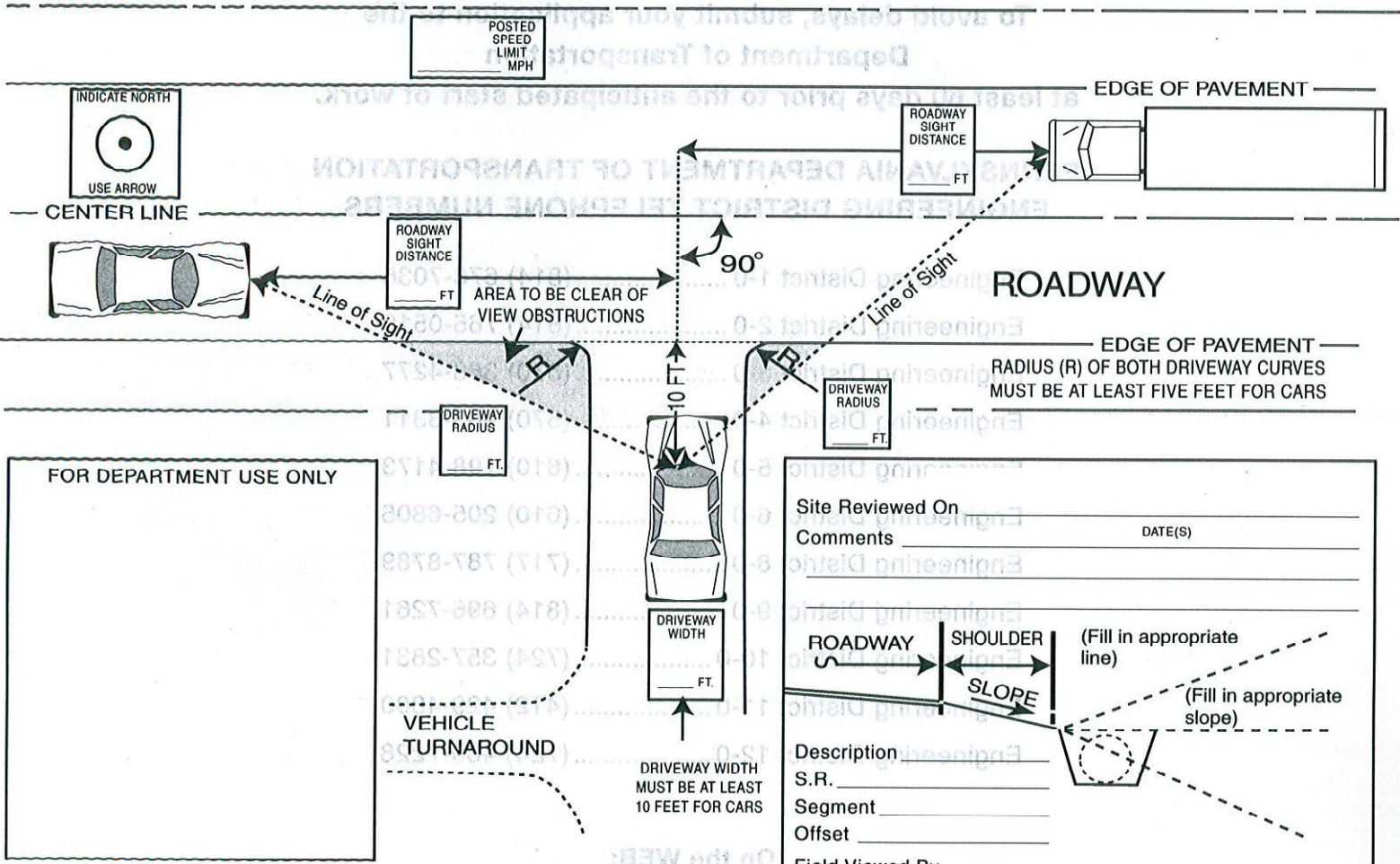
- CONSTRUCT A NEW DRIVEWAY ALTER AN EXISTING DRIVEWAY

Name of Nearest Intersection _____

Distance to Nearest Intersection in Feet _____

DATE WORK SCHEDULED TO BEGIN _____

DATE WORK SCHEDULED TO BE COMPLETED _____



FOR DEPARTMENT USE ONLY

Site Reviewed On _____ DATE(S) _____

Comments _____

ROADWAY SHOULDER (Fill in appropriate line)

SLOPE (Fill in appropriate slope)

Description _____

S.R. _____

Segment _____

Offset _____

Field Viewed By _____ SIGNATURE _____ DATE _____

Is any portion of the property reserved for a person with a disability or a severely disabled veteran? YES NO

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

By **X** _____

SIGNATURE(S)

DATE

HAVE YOU COMPLETED ALL BLANKS?