

## **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		
POST OFFICE ZIP CODE		County
		Municipality
PHONE FEE	CHECK NO.	- Wullicipality
EMAIL*		Route No
EMAIL*		Name of Nearest Intersection
APPLICATION IS MADE TO		Distance to Nearest
CONSTRUCT A ALTER AN EXISTING DRIVEWAY		Intersection in Feet
DATE WORK SCHEDULED TO BEGIN		*If a valid email address is provided, the driveway permit will be sent via email; otherwise it will be sent via standard US mail.
DATE WORK SCHEDULED TO BE COMPLETED		
POSTEC SPEED LIMIT MPH	1	
INDICATE NORTH		EDGE OF PAVEMENT
USE ARROW  — CENTER LINE — — —		ROADWAY SIGHT DISTANCE
ROADWAY SIGHT DISTANCE	O BE CLEAR OF DESTRUCTIONS	Roadway Sight Distance measurements are optional. These fields will be verified or completed by the Department  EDGE OF TRAVEL LANE —
DRIVEWAY RADIUS	É	RADIUS (R) OF BOTH DRIVEWAY CURVES MUST BE AT LEAST FIVE FEET FOR CARS RADIUS
RADIUS	1	FOR DEPARTMENT USE ONLY
FOR DEPARTMENT USE ONLY		Site Reviewed On
Application Received		Comments
By		
Date		
Notes:	DRIVEWAY WIDTH	ROADWAY SHOULDER (Fill in appropriate line)
	FT.	SLOPE (Fill in appropriate
VEHICLE		slope)
TURNAROU	ND BRIVEWAY WI	DESCRIPTION
	MUST BE AT LE	EAST O.T.
	, INTERTION	Offset
		Field Viewed By
Is any portion of the property reserved for a person with a disability or a severely disabled ver	teran? $\Box$	SIGNATURE DATE
	YES NO	
Under and subject to all the conditions, restriction on the issued Permit, Form M-945P.	ns and regulations pro	escribed by the Pennsylvania Department of Transportation and
The applicant certifies that all statements contained herein are true and correct.		
By X		
	SIGN	ATURE(S) DATE