



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		
ADDRESS		
POST OFFICE		ZIP CODE
PHONE	FEE	CHECK NO.
EMAIL*		

APPL. NO.

LOCATION OF PROPOSED DRIVEWAY

County _____

Municipality _____

Route No. _____

Name of Nearest Intersection _____

Distance to Nearest Intersection in Feet _____

APPLICATION IS MADE TO

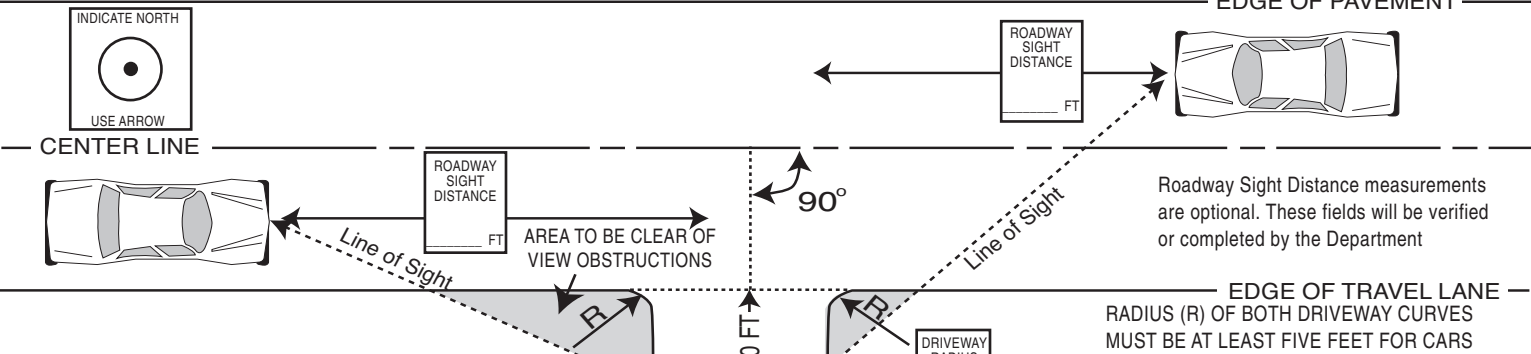
CONSTRUCT A NEW DRIVEWAY ALTER AN EXISTING DRIVEWAY

DATE WORK SCHEDULED TO BEGIN _____

DATE WORK SCHEDULED TO BE COMPLETED _____

*If a valid email address is provided, the driveway permit will be sent via email; otherwise it will be sent via standard US mail.

POSTED SPEED LIMIT MPH



FOR DEPARTMENT USE ONLY

Application Received _____

By _____

Date _____

Notes:

FOR DEPARTMENT USE ONLY

Site Reviewed On _____

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

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.

By **X** _____
SIGNATURE(S)

DATE _____