



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 _____

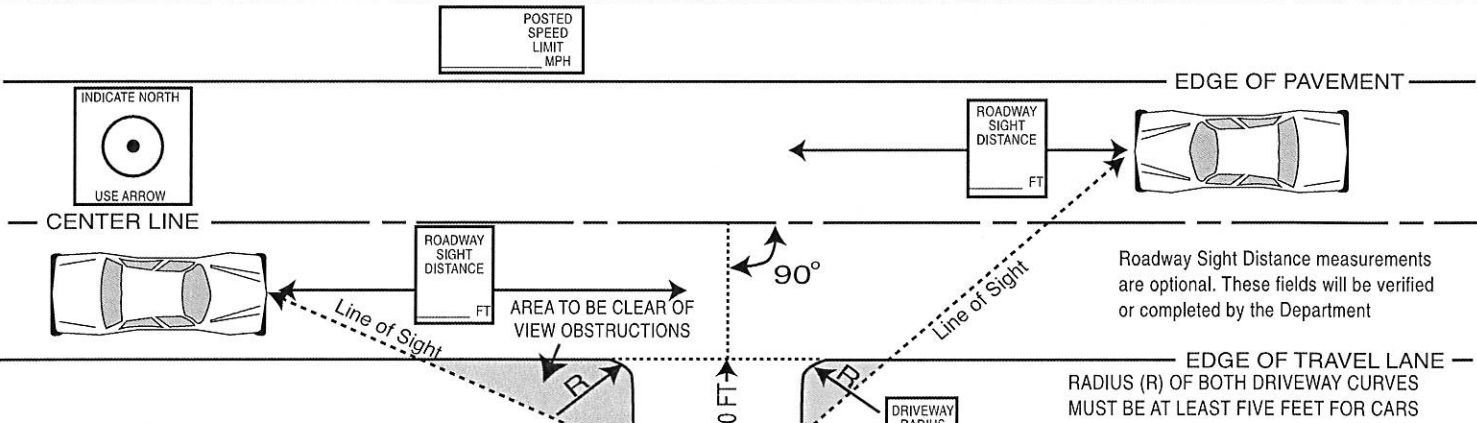
*If a valid email address is provided, the driveway permit will be sent via email; otherwise it will be sent via standard US mail.

APPLICATION IS MADE TO

- CONSTRUCT A NEW DRIVEWAY ALTER AN EXISTING DRIVEWAY

DATE WORK SCHEDULED TO BEGIN _____

DATE WORK SCHEDULED TO BE COMPLETED _____



Roadway Sight Distance measurements are optional. These fields will be verified or completed by the Department

RADIUS (R) OF BOTH DRIVEWAY CURVES MUST BE AT LEAST FIVE FEET FOR CARS

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