

PERMIT APPLICATIONS

INFORMATION SHEET

THIS SHEET MUST BE COMPLETED AND RETURNED TO DOT ENGINEER

APPLICANT NAME	PH. NO.	E-MAIL
ADDRESS	CITY	STATE ZIP

PROPERTY LOCATION:
 COUNTY _____
 SR/ ROAD _____
 US ROUTE NO. _____
 POSTED SPEED LIMIT _____
 CITY LIMITS _____

CURRENT PROPERTY OWNER (if different from applicant)

NAME	PHONE NO.
ADDRESS	CITY STATE ZIP

*****A COPY OF THE CURRENT PROPERTY DEED MUST BE PROVIDED BY APPLICANT*****

ENGINEER:

NAME	PHONE NO.
ADDRESS	CITY STATE ZIP
CONTACT NAME & NUMBER	FAX NO.
E MAIL ADDRESS	

FOR COMMERCIAL DRIVEWAY

TYPE OF BUSINESS	_____
NUMBER AND TYPE OF DRIVEWAYS REQUESTED	_____
IS APPLICANT THE CURRENT OWNER OF THE PROPERTY	YES NO
IS APPLICANT THE DEVELOPER OF THE PROPERTY	YES NO
IS APPLICANT THE LEASEE OF THE PROPERTY	YES NO
IS APPLICANT TO PURCHASE PROPERTY <u>AFTER</u> PERMIT IS APPROVED	YES NO

DEVELOPER:

NAME	PHONE NO.
ADDRESS	CITY STATE ZIP

FOR SPECIAL ENCROACHMENT

DESCRIPTION OF WORK REQUESTED _____

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PERMIT APPLICANT _____

THE PROPERTY IS LOCATED ON THE (N, S, E, W) _____ SIDE OF THE HIGHWAY
BEGINNING _____ FEET _____ OF THE CENTER LINE OF _____ (NEAREST NAMED ROAD)
FRONTING _____ (TOTAL PROPERTY FRONTAGE OWNED) FEET FURTHER _____.

IS THE PROPERTY BEING PURCHASED OR SUBDIVIDED FROM A LARGER TRACT ___YES___ ___NO___
*****APPLICANT MUST PROVIDE OVERALL SITE PLAN OF ENTIRE PROPERTY*****

IS THE PROPERTY BEING REZONED YES NO
CURRENT ZONING _____

APPLICANT MUST PROVIDE COPY OF PROPERTY'S ZONING STIPULATIONS AND COUNTY OR CITY
DEVELOPMENT REIVIEW COMMENTS

**I have read and understand the requirements stated above. I have been provided with a DOT
Plan Checklist for information required on plans submitted for permit review. I am the
owner/applicant or agent authorized to represent the owner/applicant with respect to the
permit review process.**

NAME AND SIGNATURE **DATE** _____