

**KEOKUK COUNTY HIGHWAY DEPARTMENT
ENTRANCE/DRIVEWAY PERMIT**

(1) Applicant Information

(a) Name: _____
(b) Address: _____
(c) City/St/Zip: _____

Permit paid (date) _____ Check # _____
CMP paid (date) _____ Amount _____
Check # _____
(d) Requesting _____ New Entrance permit
_____ widening permit
Phone # _____
Cell # _____

(2) Entrance location

(a) E911 Address/Street _____
(b) Section _____ Township _____ Range _____ Township Name _____
(c) Side of road N / S / E / W
(d) Additional directions: _____

Attach sketch or copy of map depicting location.

County will provide applicant with flagging for marking exact location of proposed entrance/driveway.
_____ Pink flag

(3) Ownership Status

(a) Does the permit applicant own the land to be served by the entrance YES NO
(b) If applicant not owner _____ Contract Buyer _____ Renter _____ Plan to purchase
List name of actual land owner _____
(c) Will this entrance serve more than one property? YES NO

(4) Entrance Details

(a) New Entrance What **top** width is requested? _____ ft.
(b) Entrance Widening Entrance's existing width? _____ ft.
What additional **top** width is requested? _____ ft.
Or What additional **width** of pipe requested? _____ ft.
(c) Special request items: _____

(5) Contractor Info

Name of Contractor : _____ o Insurance certificate on file?

(6) Signature

The undersigned requests a permit for the entrance described above and agrees to comply with the requirements of the Keokuk County Entrance/Driveway Policy and terms of the permit, when issued.

Name

Date

(Permit will expire six (6) months from the date of issued)

KEOKUK COUNTY HIGHWAY DEPARTMENT
Entrance/Highway Worksheet

(This worksheet is to be filled in by Keokuk County Highway Department.)

Road Surface: _____

Functional Classification: _____

Average Vehicles per Day: _____

(1) Entrance Location

- | | | | |
|-------------------------------------|---------------------------------------|-----|----|
| (a) Sight Distance | Actual sight distance Right _____ ft. | YES | NO |
| | Available at site Left _____ ft. | | |
| (b) Offset from Public Roads | _____ ft from nearest intersection | YES | NO |
| (c) Offset from Drainage Structures | _____ ft from nearest bridge | YES | NO |
| | _____ ft from nearest culver > 60" 0 | | |
| (d) Minimum separation | _____ ft between nearest entrance | YES | NO |

(2) Design

- | | | | |
|---------------------------|--------------------|-----|----|
| (a) Width/Crown/Alignment | | YES | NO |
| (b) Fore' slope Ratio | _____ : 1 Required | | |

(3) Culvert

- | | | | |
|----------------------|--|-----|----|
| Is culvert required? | Drainage Area _____ acres | YES | NO |
| | Topography Mtns Hilly Rolling Flat | | |
| | Pipe size required _____ in diameter x _____ feet long | | |

Notes: _____

Permit Issued date: _____ By: _____ Title: _____

(Permit will expire six (6) months from the date of issued)

Work completion: Date County notified by contractor: _____

Field Review (post-construction) Review date: _____

Comments (permit compliance) _____

Recommendation: Approved Denied By: _____ Date: _____