



# 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	FEE
PHONE	EMAIL*	CHECK NO.
<input type="checkbox"/> CHECK THIS BOX IF PAYING BY CREDIT CARD. A valid email address is required. Applicant will receive an invoice by email for payment by credit card prior to issuance of the Permit.		

APPL. NO.

**LOCATION OF PROPOSED DRIVEWAY**

County \_\_\_\_\_

Municipality \_\_\_\_\_

Route No. \_\_\_\_\_

Name of Nearest Intersection \_\_\_\_\_

Distance to Nearest Intersection in Feet \_\_\_\_\_

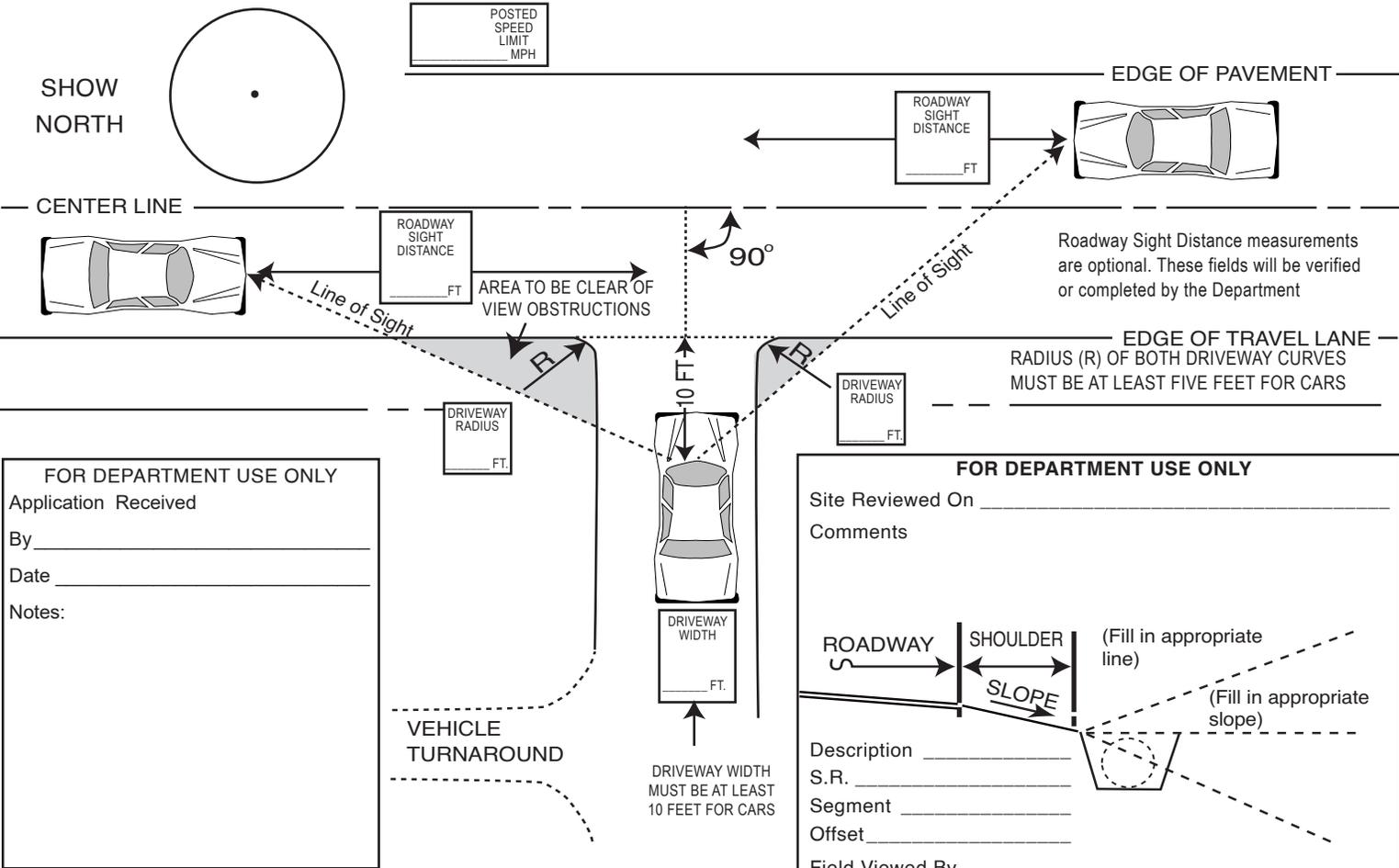
\*If a valid email address is provided, the driveway permit will be sent via email; otherwise it will be sent via standard US mail.

APPLICATION IS MADE TO

CONSTRUCT A NEW DRIVEWAY       ALTER AN EXISTING DRIVEWAY

DATE WORK SCHEDULED TO BEGIN \_\_\_\_\_

DATE WORK SCHEDULED TO BE COMPLETED \_\_\_\_\_



**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