

PRICE COUNTY HIGHWAY DEPARTMENT  
**PERMIT REQUEST FOR DRIVEWAY ACCESS TO COUNTY TRUNK HIGHWAY**

Name and Address of Applicant:

  
  
  
  
  

Daytime Phone No. of Applicant:

Name & Address of Contractor Installing Driveway:

  
  
  
  
  

Daytime Phone No. of Contractor:

County Highway: \_\_\_\_\_ Town / City / Village of \_\_\_\_\_

Physical Location of Driveway: East / West / North / South (Circle One) Side of Highway \_\_\_\_\_ Feet  
East / West / North / South (Circle One) of Intersection of \_\_\_\_\_ (Name of closest cross road). *NOTE: Driveway location must be marked in field so that it can be inspected. To eliminate delays, please mark the location before you submit your permit.*

Legal Description of Property Served: Tax Parcel No. \_\_\_\_\_ Quadrant \_\_\_\_\_ (NW, NW ¼ eg.)  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Proposed Driveway Width: \_\_\_\_\_ Feet Driveway Material: Gravel / Earth / Asphalt / Concrete (Circle One)

Is Driveway Permanent \_\_\_\_\_ or Temporary \_\_\_\_\_ (Check One)  
If temporary, date driveway will be removed \_\_\_\_\_

Proposed Date Construction to Begin: \_\_\_\_\_

Driveway Intended Use (Pick One):  Pedestrian  Business  Agricultural  Residential  
 Recreational (Cabin)  Recreational (Land)  Logging

Is the driveway close to a hill, valley or horizontal curve that restricts sight distance: \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, please refer to the attached chart. A driveway must meet the minimum stopping sight distance shown in the chart or it will not be approved.*

Other information: \_\_\_\_\_  
\_\_\_\_\_

Attach a map or sketch showing the location of your driveway

SIGNATURE OF APPLICANT

DATE

\_\_\_\_\_

\_\_\_\_\_

<b>DESIGN SPEED - (MPH)</b>	<b>STOPPING SIGHT DISTANCE *</b>
25	155
30	200
35	250
40	305
45	360
50	425
55	495
60	570
65	645
70	730

- For the speed shown, there must be unimpeded vision from the driveway for the distance shown. This is for both horizontal curves and hills or valleys. The distance shown are minimums and larger distances are preferred.

***RETURN FORM TO:***

***PRICE COUNTY HIGHWAY DEPARTMENT  
P.O. BOX 169  
Phillips, WI 54555***