

**Driveway & Entrance Permit**  
**Poweshiek County Secondary Road Department**

**Contact Information for the Applicant:**

Applicant Name	Property Owner Name (if different than Applicant)
Address	Address
City, State ZIP	City, State ZIP
Home Phone	Cell Phone
Home Phone	Cell Phone

**Location of the Driveway:**

Township & Section	Name of Street/Avenue and Distance & Direction from Another Street
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For Office Use Only			
GPS Coordinates	Sight Distance Left	Speed Limit	Sight Distance Right
Approx. % Grade from Road to Field (up is +, down is -)	Distance from other Driveways	Depth of Ditch	

**Driveway Size and Cost:**

Top Width of Driveway	New or Existing	Cost of Dirt Work
Size & Length of Required Culvert	Cost of Culvert	
Type of Road (Rock, Dirt or Paved)	Cost of Aprons & Safety Bars (if required or requested)	
Date	Total Cost	Date of Payment
Applicant Signature (Signature indicates applicant is owner or agent of the owner)	Approved by County Engineer or Designee	

Approved by Board of Supervisors	Date
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**Permits Expire 90 Days After Approval**