

Permit # _____

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		
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 County Engineer's Office _____ Date _____

Permits Expire 90 Days After Approval