

OBTAINING A DRIVEWAY PERMIT

- A driveway permit **IS** required for the construction of a new driveway or if you are expanding an existing driveway.
- A driveway permit is **NOT** required when you are paving an existing stone driveway.
- A driveway permit is **NOT** required when you are repaving or sealing an existing driveway.

Driveway Permit Procedure

1. Applicant completes a driveway permit application and remits the fee of \$25.
2. Applicant stakes out proposed driveway then calls the township office for a site inspection.
3. The township roadmaster reviews the site to verify application information is correct and gives site approval.
4. Zoning Officer issues driveway permit.
5. Applicant informs township when construction has been completed.
6. Roadmaster inspects construction and either approves or disapproves driveway.
7. Zoning Officer provides applicant with a copy of the signed and approved application.

GUIDELINES FOR DRIVEWAYS

Safe Sight Distance for passenger cars and single unit trucks exiting from driveways onto two-lane roads.

POSTED SPEED	SAFE SIGHT DISTANCE	SAFE SIGHT DISTANCE
25 mph	250 feet	195 feet
35 mph	440 feet	350 feet
45 mph	635 feet	570 feet
55 mph	845 feet	875 feet

1. Driveway must be at least 10 feet wide, but no wider than 20 feet.
2. Driveway cannot be closer than 65 feet from the center of an intersection.
3. Driveway cannot be within 5 feet of a fire hydrant.
4. Driveway edge must be 3 feet from property line.
5. Existing gutter drainage must at least be maintained.
6. Stormwater runoff and stones cannot be directed onto the township road.

SLOPE (Rise or Fall)

Recommended	6% grade (3/4"/foot)	15" in 20 feet
Maximum	8% grade (1"/foot)	20" in 20 feet

LOWER WINDSOR TOWNSHIP DRIVEWAY PERMIT APPLICATION

APPLICANT/PROPERTY OWNER _____

APPLICATION # _____

ADDRESS _____

PHONE # _____

APPLICATION IS MADE TO:

_____ CONSTRUCT NEW DRIVEWAY

DATE WORK SCHEDULED TO BEGIN _____

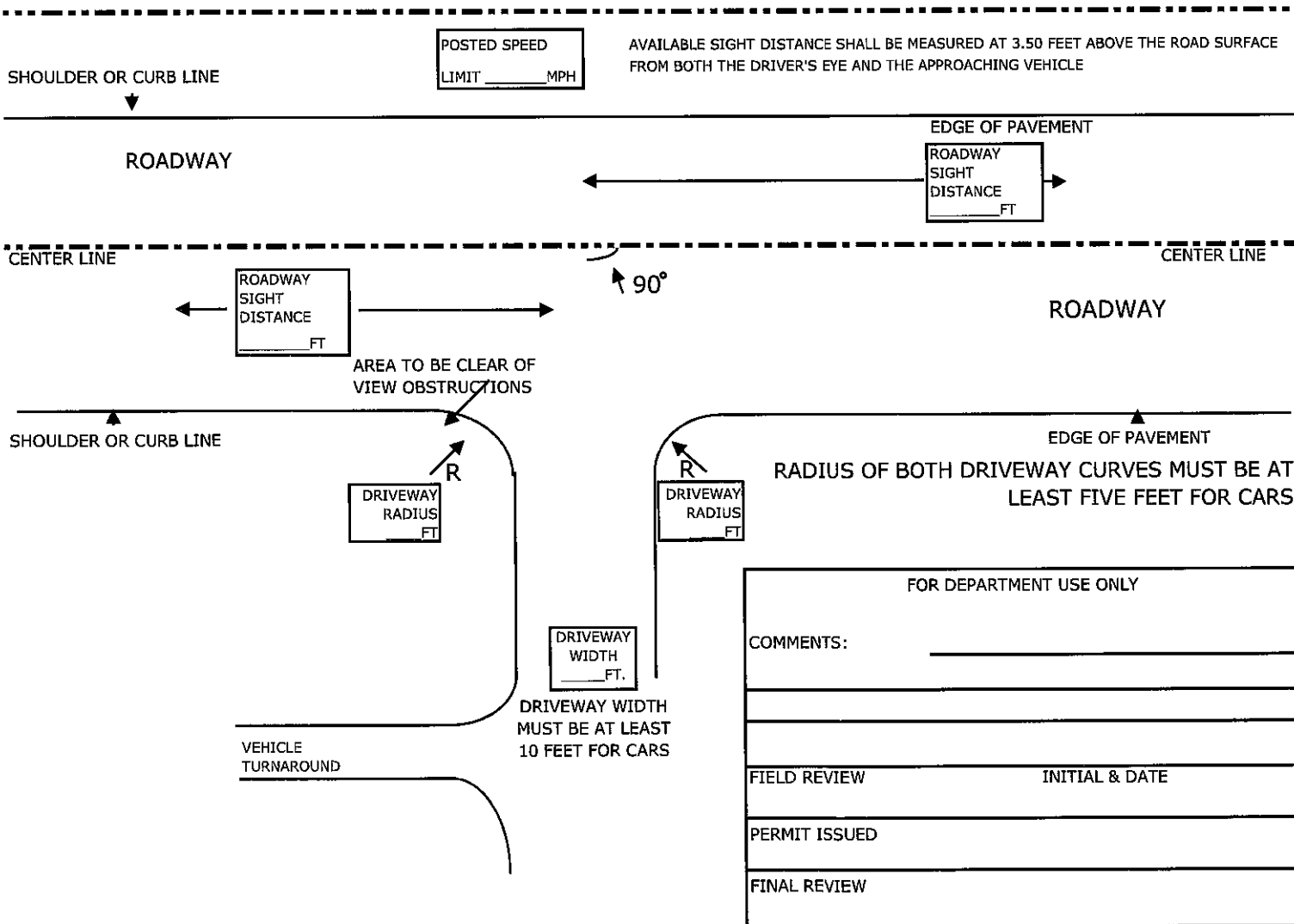
DATE WORK SCHEDULED TO BE COMPLETED _____

LOCATION OF PROPOSED DRIVEWAY

NAME OF ROAD _____

NAME OF NEAREST INTERSECTION _____

DISTANCE IN FEET TO NEAREST INTERSECTION _____



FOR DEPARTMENT USE ONLY	
COMMENTS:	_____
FIELD REVIEW	INITIAL & DATE
PERMIT ISSUED	
FINAL REVIEW	

APPLICANT CERTIFIES THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

BY: X _____ SIGN

_____ DATE