## **KEOKUK COUNTY HIGHWAY DEPARTMENT ENTRANCE/DRIVEWAY PERMIT APPLICATION**

(\$100 Non-refundable Permit Application Fee, Permit Expires 6 Months from Date of Issuance)

(For Office Use Only)	
App. Fee	
Flag	
Insurance	
Permit No.	

<b>Applicant Information</b>					Peri	mit No.	
Name:							
Address:							
City/State/Zip:							
				13			77
Entrance Location  Street/Avenue:							
Township Name:						Range:	
Side of Road:	North		South	Ea (Circle One)	st	V	Vest
Landowner: (If dif	ferent fror	n above, if r	not write '	'same")			
Entrance Request							
New	Width F	Requested: _		_			
Modify Existing	Width F	Requested: _		_ Existing Wi	dth: (Appro		
In signing and accepting the maintain the entrance/drivents to the Entrance/Drivents to the	veway acc	ording to the	e Keokuk			d	
Applicant Signature				<del>-</del> , ,	Date		
Landowner Signature (if di	fferent fro	m Applicant	t)	- (	Date		

	(То Ве Со	ompleted by the Office)		
Field Review By		D	ate	
Ditch Depth:	feet	Drainage Area:		_Acres
			Meets	Criteria
	8:1 3:1	Separation Requirements	Yes	No
Required:	(Circle One)	Intersections		
Culvert Size:	inches	Adj. Entrances/Driveways  Bridges/Culverts		
_				
Culvert Length:	feet			
Permit Issued B	У	D	ate	
Work Completed:	F	Field Review:		
	Date	Date		
Comments:				
Final Acceptance	се Ву	D	ate	