

APPENDIX B – ACCESS PERMIT

- Application Instructions
- SAMPLE - Access Permit Form

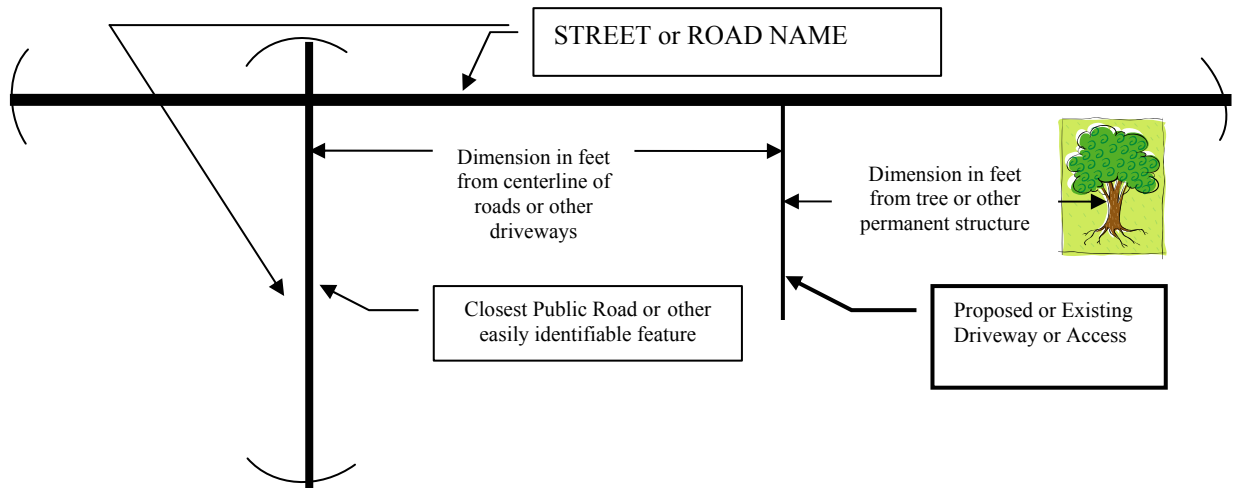
Access Permit Application Instructions

To Be Filled In By The Applicant:

1. Site Address, Owner's Name, Mailing Address, and Phone Number
2. Subdivision Name, Contractor's Name (if applicable),
Print Applicant's Name – then sign and date
3. Check the appropriate Box or Boxes
4. In the Plot Plan Space: (See the Example Below)
 - a. Sketch the proposed property in question and the proposed and/or existing driveway location(s).
 - b. Show and Label - street names, property lines, buildings, trees and other important features.
 - c. IT IS VERY IMPORTANT TO SHOW DIMENSIONS from the proposed driveway location to intersecting streets or street corners, other roadway features that are easy to identify, other driveways.
 - d. If this proposed access has been engineered and a plan is available, please attach a copy of the plan access and refer to the plan.

The Driveway Inspector can be reached by phone at 252-7000.

EXAMPLE:



317 South 2nd Street
 Montrose, CO 81401
 Phone: (970) 249-6688
 Fax: (970) 249-6680

**MONTROSE COUNTY
 ACCESS PERMIT**

Access Permit # _____
 Building Permit # _____
 Parcel # _____
 Fee: _____
 Received By: _____

SITE ADDRESS _____

Owner's Name: _____ Phone: _____

Mailing Address: _____

New Address Required Yes No

Subdivision: _____ Lot Number: _____ Lot Size: _____

Contractor: _____ Phone: _____

Applicant: _____

- NEW DRIVEWAY**
 Industrial/Commercial
 Residential (1, 2 or 3 Family)
 Field Approach

- Signature _____ Date _____
 NEW ROAD/STREET
 Arterial
 Collector
 Local

- INTERSECTING ROAD/STREET**
 Arterial
 Collector
 Local

PLOT PLAN – Show **EXISTING** property lines, buildings, County Roads and driveways **WITH DIMENSIONS**

Note: Permit will not be processed without detailed sketch provided on this form. Additional plans and specifications may be attached as necessary.

The County assumes that the information provided with this permit is accurate in all details. Evidence of legal right to access must be provided. If the approved access impacts another property owner's legal rights (i.e., fee title, easement, etc.) the permit may be determined null and void. This permit is void if not used within 12 months after application date.

Owner: For appointment please contact:

Driveway Inspector: _____ Phone _____

TO BE FILLED IN BY COUNTY

Driveway Location _____ CMP Diameter _____ CMP Length _____
 Embedding Material _____ Embedding Depth _____ Grade @ Road Surface _____
 Access Surface _____ Sight Distance _____ Access Spacing _____
 Access Width _____ Access Radii _____ Entering Sight Distance _____

Signage Installed Yes No Accel/Decel Lanes Required Yes No Access Volume _____ ADT DHV

Evidence of legal right to access provided Yes No

Comments: _____

Plans and specifications given above are approved for installation: _____
 County Engineer _____ Date _____

Installed system complies with approved plans and specifications: _____
 County Engineer or Inspector _____ Date _____