PRELIMINARY DRIVEWAY PERMIT

THIS PERMIT IS REQUIRED TO BE SUBMITTED TO AND APPROVED BY THE PICKAWAY COUNTY ENGINEER PRIOR TO ANY NEWLY CREATED LOT BEING APPROVED IN UNINCORPORATED PICKAWAY COUNTY ALONG COUNTY AND TOWNSHIP ROADS.

PROPERTY OWNER (APPLICANT/CONTACT):________________________________________
CURRENT ADDRESS:_________________________________________________________________
CITY, STATE, ZIP:_________________________________________________________________
PHONE #:________________________________   FAX: __________________________
ALTERNATE PHONE #:__________________________  EMAIL:____________________________
Township:_____________________________________  Subdivision:_______________________
Road Name:_______________________________________________________________________
Located on the □ North  □ East  □ South □ West side of road  Lot Number:_______
Located between these addresses:______________________________ and _______________
Length of Property Frontage:__________________________________feet
Additional Information:______________________________________________________________
Proposed Access Use (Single Residential Access, Farm Field Access, Commercial Access, Common Access):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
FEE = $50
Make check payable to “Pickaway County Engineer”

FOR OFFICE USE ONLY
Type of Road: □ Local Road  □ Minor Collector  □ Major Collector
Fee Paid: $_________ Receipt #:_______ Initials:_____  Date:_______________
Permitted Access – Log Point, Location, Limitations, Roadside Improvement Requirements:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Preliminary Driveway/Access Approval, as described above, by:____________________ Date:___________

PERMIT EXPIRES 1 YEAR FROM PRELIMINARY PERMIT APPROVAL DATE