ACCESS PERMIT APPLICATION

County Route: _				
Location or Nea	arest Cross Street:			
Project Name: _				
Date:				
A. APPLIO	CANT INFORMAT	ION		
	Contact Person and	nd Firm Name		
	Address			
	Telephone	Fax	E-mail address	
a. I	Engineer			
	Contact Person and Firm Name			
	Address			
	Telephone	Fax	E-mail address	
	Other (specify: attended architect)	orney, surveyor, la	nd planner, soil scientist, landscape	
	Contact Person and	nd Firm Name		
	Address			
	Telephone	Fax	E-mail address	

	c. Other (specify: attorney, surveyor, land planner, soil scientist, landscape architect)				
	Contact Person and Firm Name				
	Address				
	Telephone Fax E-mail address				
В.	PERMIT APPLICATION FEES (Check one):				
	Agricultural Access (\$50) Temporary Access (\$450) Minimum Use Access (\$300)				
	☐ Minor Access (\$2,500) ☐ Major Access (\$4,500)				
C.	LETTERS OF CREDIT (May be required) a. Design Review Letter of Credit for Consultant:				
	1. Issuing Institution:				
	2. Telephone Number:				
	3. Letter of Credit Number:				
	4. Amount:				
	 5. Expiration Date:				
D.	CERTIFICATE OF INSURANCE The undersigned Applicant agrees to submit the required certificate of insurance prior to the issuance of this permit.				
Е.	SCHEDULE Construction is anticipated to begin within months of the date of issuance of the permi				
F.	SIGNATURES				
— Ap	oplicant Signature Date				