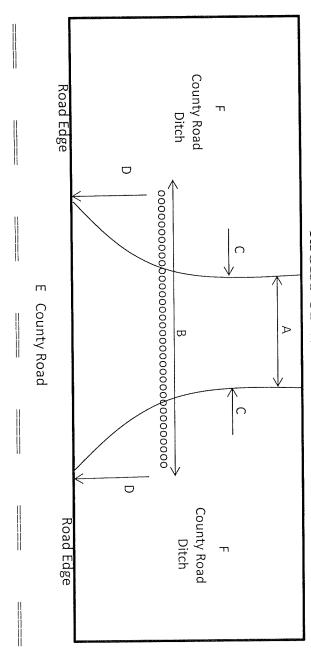
Union County Highway Department 501 E. Pleasant St. Elk Point, SD 57025

NO FAXES ALLOWED Instructions: Please contact the Union County Highway Department office to determine what supporting documents must accompany this application. Please submit a separate application and supporting documentation for each access requested; available from the Highway office. Attach additional sheets as necessary. Please print or type. Owner and applicant agree to comply with special and standard conditions if access permitted. Permit will expire 1 year of signature by Union County Highway Superintendent. A new permit will be required if work was not accomplished. Applicant (if different from Owner): **Property Owner** Name(s): Name(s): Mailing Address Mailing Address: City, State, Zip City, State, Zip Permit Application (to be completed by applicant). Daytime Phone: Daytime Phone: County Highway to be Accessed by Approach: Property to be Served by Approach: County: County Highway Number: Range: Township: Section: Or Access would be _____ feet (north, south, east or west) Block/Lot: Subdivision from _____ (nearest cross Street Address: street). Type of Permit Requested (check one). Land Use of Property to be Served (check New Approach one): Fee: \$ ☐ Change in use ☐ Agricultural: acres served _____ Business: type _______ □ Temporary access Permit Fees: Residential & Farmland Access \$ 50.00 square footage of buildings: _____ number of □ Improve existing access Commercial, Industrial & \$ 250.00 □ Relocate existing access employees _ ☐ Residential: number of single-family dwellings ☐ Remove existing access Fees due with application submission __, or number of multi-family dwellings Requested Approach Width (circle one) 301 361 401 241 □ Other: describe **Estimated Date of Construction:** I, the undersigned, request permission to construct or modify an access approach subject to the rules and regulations set forth in Union County document UCH-101 Date: Signature of Applicant: Signature of Owner (if different than applicant): Date: Supporting Materials Required: (Received) (Required) Received by UCPWD: Access Approach Design Permit Decision (to be completed by UCPWD). Х Vicinity Map Decision: (to be made after Application Review) Traffic Volumes Three Copies of Site Plan Access Approved П Traffic Control Plan Proof of Liability Insurance Detailed Development Plan Access Approved with Variance: _____ Drainage Plan Traffic Impact Study Х Revegetation Plan Access Denied Terms and Conditions of Approval (or Reason for Denial) Access Must be Constructed By: Union County Highway Superintendent Signature: Highway Department Office Phone: 605-356-2351 Contact Person: Jerry Buum Date:

Land Owner Entrance Plans

(Must be returned with Application)

RIGHT OF WAY LINE



A.	A. Entrance Driving Surface width (minimum 20')
ω	B. Culvert Size & Length, if needed (minimum 18" diameter x 40' length)
()	C. Side Slope (minimum 4:1)
Р.	D. Distance from culvert (if used) to edge of County Road (minimum 15')
<u></u>	Date:

Applicant Signature: