

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DRIVEWAY/CONNECTION APPLICATION
CATEGORY A

FORM 850-040-14
SYSTEMS PLANNING
10/95

(SINGLE FAMILY HOMES, DUPLEXES OR OTHER USES LESS THAN 20 TRIPS/DAY ONLY)

OFFICE USE ONLY	
Application Number: _____	Accepted By: _____ FDOT STAFF (TYPE OR PRINT)
Category: _____	Date: _____
Section Road Number & Mile Post: _____	

APPLICANT COMPLETE REMAINDER OF FORM

PART 1: APPLICANT INFORMATION (Please type or print)

APPLICANT: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: ____ (_____) _____

Physical Address of Site (if different): _____

_____ Attach Map & Drawing If Necessary

PROPERTY OWNER:(if different from above) _____

Mailing Address: _____

City, State, Zip: _____

Telephone: ____ (_____) _____

PART 2: NOTICE TO APPLICANT

Proposed features in the right of way, such as median openings and other traffic control devices, are not part of the connection(s) to be authorized by a connection permit. The Department reserves the right to change these features in the future in order to promote safety in the right of way or efficient traffic operations on the highway. Expenditure by the applicant of monies for installation or maintenance of such features shall grant no vested right in the maintenance of such features.

PART 3: CERTIFICATION AND SIGNATURE

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate. I will not begin work on the connection until I receive my Permit and I understand all the conditions of the Permit. When I begin work on the connection I am accepting all conditions listed in my Permit.

Signed: _____ Date: _____
(Applicant)

Printed Name: _____