



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DRIVEWAY/CONNECTION APPLICATION
FOR ALL CATEGORIES

OFFICE USE ONLY	
Application Number: _____ Category _____	Accepted By: _____ <small style="display: block; text-align: right; margin-left: 100px;">FDOT STAFF (TYPE OR PRINT)</small> Date: _____

APPLICANT COMPLETE REMAINDER OF FORM

PART 1: APPLICANT INFORMATION (Please type or print)

APPLICANT: _____ Mailing Address: _____ City, State, Zip _____ Telephone: (_____) _____	CONSULTING FIRM/PROJECT MANAGER: _____ _____ Mailing Address: _____ _____ City State, Zip: _____ _____ Telephone:(_____) _____ FAX, Mobile Phone, etc.: () _____ <small>CIRCLE ONE</small>
PROPERTY OWNER: _____ Responsible Corporate Officer: _____ Mailing Address: _____ City, State, Zip _____ Telephone: (_____) _____ FAX, Mobile Phone, etc.: _____ <small>CIRCLE ONE</small>	

ARE YOU AN AUTHORIZED REPRESENTATIVE?

If the property owner desires to have a representative sign and handle the application, the owner must provide a notarized letter of authorization attached with the application. (SEE PART 2 OF THIS FORM BELOW)

PART 2: APPLICANTS AUTHORIZATION OF REPRESENTATIVE

Authorized Representative:

(NOTE: All correspondence will be made through the representative. A notarized letter of authorization must be attached if you use an authorized representative.)

Name: _____

Company: _____

Address: _____

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APPLICANT (Continued)

IF YOU EXPECT 600 TRIPS PER DAY OR LESS FROM YOUR SITE, COMPLETE THIS SECTION BELOW:

PART 3: DESCRIPTION OF PROPOSED USE

CATEGORY A	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex <input type="checkbox"/> Other use less than 21 vehicles per day USE: _____
CATEGORY B Not to exceed 600 trips/day	<input type="checkbox"/> Dwelling units (between 3 and 60) <input type="checkbox"/> Office/Commercial/Institutional in a small structure (enter type and gross square feet below). TYPE OF USE _____ SQUARE FEET OF STRUCTURE _____
Other	<input type="checkbox"/> _____ Description of Use

IF YOU EXPECT MORE THAN 600 TRIPS PER DAY FROM YOUR SITE, COMPLETE THIS SECTION BELOW:

Land Use	Units (Gross Sq. ft. or Dwelling Units)
Existing: _____	_____
Proposed: _____	_____
Attach additional sheets if necessary	

PART 4: TRIP GENERATION INFORMATION

Estimated Average Daily Volume: _____
(Not required for Category A)

Estimated Average Peak Hour Volume: IN _____ OUT _____ AM/PM (Circle AM, PM, Other) _____

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APPLICANT (Continued)

IF YOU ARE APPLYING FOR A TEMPORARY, PUBLIC STREET, OR SAFETY UPGRADE PERMIT COMPLETE THE FOLLOWING:

CHECK ONE

- Temporary Permit, Description: _____
 From (Date): _____ To (Date): _____ (Not to exceed 6 months)

- Public Street, Road or Facility, Description: _____
 _____ Expected Daily Traffic _____

- Safety Upgrade, Description: _____
 _____ ATTACH EXTRA SHEETS IF NEEDED _____

PART 5: LOCATION INFORMATION

Property Physical Site Address: _____

Between: _____
 _____ Street, Road, Etc. and Street, Road, Etc. _____

If development is in phases, please provide this information on a separate sheet.

Please indicate North

**IF IT WILL SERVE TO BETTER COMMUNICATE,
 PLEASE PROVIDE SKETCH OF PROPERTY LOCATION - (SCALE IS NOT IMPORTANT)**

PART 6: HIGHWAY AND CONNECTION LOCATION INFORMATION

CONNECTION NO. 1	CONNECTION NO. 2
Road Name: _____	Road Name: _____
Roadway Access Management Classification _____ <small>(Available at Department)</small>	Roadway Access Management Classification _____ <small>(Available at Department)</small>
Posted Speed Limit: _____ MPH	Posted Speed Limit: _____ MPH
Road Section Number: _____ <small>(Available at Department)</small>	Road Section Number: _____ <small>(Available at Department)</small>
Mile Post Number: _____ <small>(Available at Department)</small>	Mile Post Number: _____ <small>(Available at Department)</small>

(ATTACH ADDITIONAL SHEET AS NEEDED)
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PART 7: LOCAL GOVERNMENT DEVELOPMENT APPROVAL INFORMATION

Status of development approval (check one)

Already Approved: _____ IF SO, PLEASE ATTACH APPROVAL DOCUMENT TO APPLICATION

Approval Pending: _____ If "approval pending" what is expected approval date? _____

Local government development approval official:

Name: _____ Title: _____

Department/Office: _____

Street Address: _____

City, State, ZIP: _____

Telephone: __ (_____) _____

PART 8: SITE PLAN AND CONNECTION LOCATION CHECKLIST

FOR CATEGORIES C,D,E,F & G. This is the minimum information required for review. This information shall be signed, sealed and dated by a Professional Engineer registered in Florida.

A. Site Plan Map (Scale: _____)

Number of Copies: _____

Include:

- _____ Site circulation plan and parking layout
- _____ Location of your proposed connections
- _____ Location of existing median openings serving the property
- _____ Location of all public streets serving the property
- _____ All known easements
- _____ Property lines
- _____ Right of way lines
- _____ All out-parcels
- _____ Ownership of abutting parcels
- _____ Inset site location map
- _____ Location of buildings and other permanent features that affect sight distance or circulation on public roads
- _____ Existing joint property access features
- _____ _____

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PART 8: SITE PLAN AND CONNECTION LOCATION CHECKLIST (CONTINUED)

B. Connection Design Plan (Scale: _____)

Includes:

- _____ Connection/driveway dimensions (include width, angle, radius, flare, etc.)
- _____ All roadway alterations
- _____ Auxiliary lanes with cross section
- _____ Existing traffic control devices
- _____ Proposed traffic control devices
- _____ Striping and signing plans
- _____ Pavement design include cross section for connection(s)
- _____ Pavement design including cross section for auxiliary lanes
- _____ _____

C. Drainage from Topo Plans (Separate map from Site Plan & Connection Design may be required)

- _____ Culvert size and type
- _____ Existing grading
- _____ Proposed grading
- _____ Stormwater facilities
- _____ Drainage facilities
- _____ _____
- _____ _____
- _____ _____

(Due to scale, this exhibit may need to be separate from other exhibits) Recent aerial photos are acceptable.

Location and spacing of connections, median openings, and roads for:

- _____ 660 Ft. (200 M) each side of the proposed connection for roads with speeds 45 MPH (70 KPH) or less
- _____ 1320 Ft. (400 M) each side of the proposed connection for roads with speeds greater than 45 MPH (70 KPH)
- _____ Above information for both sides of the street
- _____ *Other, Explain

*Due to a restrictive median, or other physical features, the requirements of this section may be less.

PART 9: TRAFFIC STUDY

FOR CATEGORY D,E,F,&G application or any application requesting a Traffic Signal, New Median Opening, or Modified Median Opening.

- _____ Traffic Study
- _____ Peak hour movements from each proposed connection
- _____ Existing conditions
- _____ Future conditions (Year _____)

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PART 10: ADDITIONAL INFORMATION WHICH MAY BE REQUESTED

- _____ Number of packages.
- _____ Application forms bearing original signatures.
- _____ Applicable designs and traffic studies and sealed by a professional engineer.

NOTES:

PART 11: 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 12: 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.

Signed _____
(Applicant or authorized representative)

Date: _____

Printed Name: _____

TITLE: _____

(PROFESSIONAL ENGINEER REGISTRATION NUMBER (IF APPLICABLE))

(Mailing Address)

(City) (State) Zip

END