DRIVEWAY ACCESS
PERMIT PACKAGE

Please include the following:

- ✓ **2 Copies of the completed Access Permit Form**
- ✓ **Completed Checklist**
- ✓ **$375 check made payable to Frankford Township (Engineer's Inspection Fees)**
- ✓ **$25 check made payable to Frankford Township (Application Fee)**
- ✓ **Three (3) copies of a survey map including driveway profile and site plan**

***Applicant must give Harold Pellow's office at least 48 hours when calling for an inspection.**

DRIVEWAY ACCESS PERMIT

Block _____

Frankford Township

Lot _____

Application made by _____ Phone _____

Address _____

On behalf of _____
(Self, Tenant, Leasee)

To construct entrances on the _____ side of _____
(N, E, S, W) (Street or Road)

At a point about _____ feet _____ of _____
(Direction) (Residence or Type of Business)

The following information must be supplied:

Frontage of property along highway _____ Number of drives desired _____

Distance between drives _____ Width of drive(s) _____
(At curb or shoulder line)

Do curbs exist? _____ Proposed? _____ Are trees to be removed? _____

Is there a sidewalk? _____ Proposed? _____ Do catch basins exist? _____
(If yes, locate on sketch)

Remarks: Give any other details such as pipe sizes for drainage or amount of concrete or fill contemplated, etc._____

_____

_____

_____

Note: Attach (3) copies of survey or plan showing the location of the driveway within the frontage, width and dimension of drives; drainage on the highway and other details necessary for a complete understanding of the request.

IF THIS PERMIT IS GRANTED, I OR WE, AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF THE TOWNSHIP OF FRANKFORD. (Copy of driveway ordinance is available on request)

Date _____ **Signature** _____
(Applicant)

THIS PERMIT IS GRANTED TO THE COVENANTS, PREMISES, TERMS AND CONDITIONS SET FORTH HERE IN AND MADE A PART OF THIS REVOCABLE PERMISSION OR PRIVELEGE. A COPY OF THE SUPPORTING PLAN SHALL BE AVAILABLE ON SITE UNTIL THE PROJECT IS COMPLETED.
Conditions:

Permit No. _____ Date _____ Approved by _____
Harold E. Pellow, Twp. Engineer

VOID IF NOT USED WITHIN (1) YEAR FROM DATE OF ISSUE.

FRANKFORD TOWNSHIP
DRIVEWAY CHECKLIST

Frankford Township
151 US Highway 206
Augusta, NJ 07822
Land Use Department - 973-948-7592
Engineer - Harold Pellow & Associates - 973-948-6463

Applicant's Name _____

Address _____

Tax Block(s) _____ Tax Lot(s) _____

Adjacent Roads _____

Present Zoning _____ Proposed Use _____

PLAN REQUIREMENTS	COMPLETE	INCOMPLETE	WAIVER	N/A
1. Plan Scale 1"=50' or larger, Graphic Scale, and Title Block				
2. Name, Address, License Number of Plan Preparer, Signature, Original Raised Seal				
3. Date of map preparation and each subsequent revision				
4. Width of driveway *12' to 15') dimension on plan				
5. Length of drive to be paved dimension on plan (50' minimum)				
6. Centerline profile for drives over 8% at any point along the driveway				
7. Sight distances based on posted speed				
8. Drive to enter roadway at a right angle				
9. Driveway turnaround with dimensions				
10. Sight obstructions in sight triangle				
11. Show typical driveway entrance at road-use applicable detail from Figure 1, Section 16-				
12. Drainage as per Section 16-5.9c4				
13. Sight distance to nearest intersection				
14. Location of drive across the street				
15. Typical section of drive to show the following:				
a. Width in feet				
b. 4" Dense graded aggregate base				
c. 2" Bituminous concrete surface course , mix 1-5				
d. Side slopes and berm, width				
e. Top soiling 4" thick, seeding, fertilizing, and mulching berms & slopes				
f. Type stabilizing with slopes exceeding a slop of 2:1				
g. Guide rail on fills over 5'				

This form must be completed in full and submitted along with the Driveway Access Permit Application