## **TOWNSHIP OF JACKSON**

140 Magill Road Zelienople, PA 16063 Office: 724-452-5581 • Fax: 724-452-5584

#### **DRIVEWAY PERMIT APPLICATION**

Applicant Name:	
Address:	
City/State/Zip:	
City/State/Zip: Email:	
Property Location: Tax Parcel #:	Zoning District:
Proposed Width of Driveway:	
Proposed driveway location has been marked with stakes,	flags, or other visible markers
Application is for (select one):	
Construct new driveway	
Alter an existing driveway	
Other:	
STED S	AVALABLE SIGHT DISTANCE SHALL BE MEASURED AT J.SO FEET ABOVE THE ROAD SUMPROLE FROM BOTH THE DRIVERS ETE AND THE APPROACHING VEHCLE. EDGE OF PAVEMENT SIGHT USTANCE USTANCE
ROADWAY SGOT DOT HACE THE OF SEAL CLEAR OF VER OBSTRUCTIONS	RADIUS(R) OF BOTH DRIVEWAY CURVES
BIDE OF PAVENENT	

SEE EXHIBITS A & B FOR INSTRUCTIONS, STANDARD CONDITIONS, AND DESIGN SPECIFICATIONS.

The Applicant/Owner is responsible for reviewing and fully understanding all permit conditions and requirements and ensuring compliance with all applicable Federal, State, County and Township laws and regulations.

As the Applicant, I hereby certify that the statements made herein and the representations contained in all accompanying drawings, documents and/or materials made part of this application are true and correct.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## **DRIVEWAY PERMIT APPLICATION**

#### TO BE COMPLETED BY TOWNSHIP

Permit #: Date Issued:	Permit Fee: Expiration Date:
Supplemental Conditions:	
Date of Site Review:	By:
Permit Application:	
Approved Disapproved	
Comments:	

F1.	FT.	/
SHOULDER	MINIMUM	/
- X SLOPE -		
di	<1	(Fill in Line)
10	/	
	SHOULDER	

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#### **DRIVEWAY PERMIT APPLICATION**

#### EXHIBIT A Completing the Application Form

- A. This application must be submitted in the name of the property owner.
- B. Complete all items on the face of the form (except where noted). Describe in detail what work you intend to do and material you intend to use. Attached additional drawings and/or calculations if necessary.
- C. Place stakes with colored ribbon attached, at the right-of-way line of the left and right corners of your proposed driveway to clearly define you proposed access.

#### **Standard Conditions**

- A. Prior to paving, Jackson Township must be notified for inspection.
- B. Permit renewals or extensions shall require a new application.
- C. Permittee shall notify Jackson Township upon completion of work.
- D. Standard for minimum safe stopping sight distances (MSSSD) will be based on:

# $MSSSD = 1.47 + V_{30} (F \pm G)$

		VININUM SAFE STOPPING SIGHT DISTANCE												
8 =	HICHWAY GRADE IN I													
SPEED (H. P. II	0/	+1/-1	+2/-2	+3/	+4/-4	+5/-5	+6/-6	+7/-7	+8	+9/-9	+10	+11/-11	+12/-12	+13/-13
<u> </u>	76/	74/	173/	73/	13/	73/	72/	72/	71/	71	11	70	70	70
15	15	/ 75	/ 76	/ 17	/ 17	78	/ 79	79	80	81	82	83	84	85
	109/	108	107	106	105/	105	104	103	102	102	101	101	100	100
20	109	/110	/111	/112	/113	/114	115	/117	/118	/119	121	/123	125	K
25	147/	145	144	143	143	140	139	138	137	136	135	134	134	133
	147	148	150	151	153	155	157	159	/ 161	164	166	169	172	175
30	196	194	191	189	187	185	183	182	180	178	177	175	174	173
	196	19.8	201	204	207	210	214	217	221	226	230	235	241	247
35	-7	245	242	238	236	233	231	228	226	224	221	219	217	215
	249	252	256	260	265	269	274	280	280	277 /	274 /	271	268	266
40	314	309	17	1	1			360	369	1379	389	401	414	428
	314	<u>/319</u> 376 /	325	/331	358	345	352	342	338/	334/	330/	326	322	319/
45	383	/390	198	4.06	415	425	435	141	459	1.72	487	1503	521	540
	462	453 /	444	436	429	421/	415	409	403	397	392/	388	382	378
50	462	471	481	492	504	517	531	547	563	581	600	622	647	674
	538	527/	517	508	499	499	482	475/	467	461	454/	448	442/	437
55	538	550	562	576	590	605	622	641	660	682	706	/133	762	795
60	621	608	595	584	575	563/	554	545/	536	528	521/	512	506	500
60	/ 521	634	649	665	682	/701	/721	/742	766	792	821	852	887	926