



CLARKE COUNTY
Engineer

ENTRANCE PERMIT APPLICATION

Tracking No. _____	<input type="checkbox"/> FE
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Office Use Only

100 S. Main Street
Osceola, Iowa 50312
Office: (641) 342-2716
ccsrd@clarkecountyiaowa.org
www.clarkecounty.iowa.gov

****If the entrance is not completed within 180 days from date of issuance, this permit shall become null and void.*

1. Applicant Information:

Name:	Parcel ID #:	Ownership Status: <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Plan to Purchase <input type="checkbox"/> Other _____
Mailing Address:		Email Address:
City:	State:	Zip Code:
		Telephone:

2. Entrance Location:

Landowner:	Proposed: <input type="checkbox"/> Field Ent. <input type="checkbox"/> Address	Existing: <input type="checkbox"/> Widen <input type="checkbox"/> F.E. to Address
Road Name:	Distance: _____ <input type="checkbox"/> ft. <input type="checkbox"/> mi.	Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
		From:

3. Entrance Details:

Type: <input type="checkbox"/> Res. <input type="checkbox"/> Shared Res. <input type="checkbox"/> Com./Ind. <input type="checkbox"/> Field/Ag.	Surfacing: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Seal Coat <input type="checkbox"/> Gravel <input type="checkbox"/> Grass
New: Requested Top Width _____ ft. 2nd/3rd Entrance? <input type="checkbox"/> Y <input type="checkbox"/> N	Widening: Existing Top Width _____ ft. Requested Top Width _____ ft.
Contractor Information (if applicable): Name: _____ Phone: _____	Special Request Items:

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4. Entrance Review:

Approve Location? Y N

Site Distance: To <input type="checkbox"/> N <input type="checkbox"/> E _____ ft. To <input type="checkbox"/> S <input type="checkbox"/> W _____ ft.	Meets Offset Requirements from Roads/Entrances/Structures?: <input type="checkbox"/> Y <input type="checkbox"/> N Comment _____
Design: Speed _____ (mph) Foreslope _____ : 1 Dry Fill? <input type="checkbox"/> Y <input type="checkbox"/> N	911 Location: Lat. 4 ____ °N Long. 93. _____ °W
Culvert: <input type="checkbox"/> N/A <input type="checkbox"/> D.A. ≤ 4 Acres (18" Dia.) <input type="checkbox"/> D.A. > 4 Acres: D.A. _____ acres I.R.C. Q10 _____ c.f.s. Size (Dia.) _____ in.	
Additional Comments/Requirements:	

Inspected By: _____ Date: _____

Checked By: _____ Date: _____

5. Signature:

Acceptance of Conditions: I agree to follow all conditions of the Clarke County Driveway Entrances Ordinance, Standards for Installation, and terms of the permit, when issued.

Property Owner (applicant) _____ Date _____

Approval by Jurisdiction:
Clarke County Engineer _____ Date _____

Entrance Widths:

Residential	22' min. / 24' max.
Shared Residential	22' min. / 24' max.
Commercial/Industrial	24' min. / 40' max.
Agricultural	22' min. / 40' max.

Fee Schedule (check box if paid):

<input type="checkbox"/> New Driveway with Address	\$60.00
<input type="checkbox"/> Field Entrance	\$30.00
<input type="checkbox"/> Field Entrance to Driveway with Address	\$30.00
<input type="checkbox"/> Widen Existing Entrance	\$15.00