**DRIVEWAY APPROACH REQUEST**  
ACHD CONSTRUCTION DEPARTMENT  
FAX # (208) 387-6289 OR E-MAIL TO permits@achdidaho.org

**APPROVAL OF THIS REQUEST DOES NOT AUTHORIZE CONSTRUCTION. A PERMIT IS STILL REQUIRED.**

<table>
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<tr>
<th>Date of Application</th>
<th>Approximate Start Date</th>
<th>Approximate End Date</th>
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| Applicant Name | Phone # | Contact Information | Phone: (____)_____ - _____  
                  Email:  
                  Fax: (____)_____ - ______ |
| Owner Contact Information | Owner Name & Signature (Required) |  
                      Name:  
                      Signature: |
| Property Address (including city) | Nearest Cross Street |  
| Approach Type | Property Use |  
|| Concrete: Throat Width___________ | Utility |  
|| Asphalt: Throat Width___________ | Commercial |  
| **A detailed drawing of the proposed driveway and traffic control plan must be provided to ACHD.** |
| Description of approach/work to be completed: |

**ACHD Standard Requirements**  
1. Max 20’ driveway throat width at lot line per ACHD policy.  
2. Max 2% cross-slope in sidewalk @ driveway, per Standard Drawing SD-710B or similar.  
3. Driveway should be paved the full width at least 30-feet into the site beyond the edge of pavement per ACHD Supplemental Drawing SD-809.  
4. Any unused driveways shall be closed with the appropriate curb, gutter and sidewalk per ISPWC Standard Drawings or ACHD Supplemental Drawings.  
5. Verify driveway dimensions and location with Inspection staff prior to start of work.  
6. Contractor/Permit Holder must be licensed and bonded to work within ACHD right-of-way.

**Staff Use Only:**  
Date Received:__________ Signature of Reviewer:__________________________________________  
[ ] Approved  
[ ] Approved with Amendments  
[ ] Declined  
Approved Date:__________ Declined Date:_________________  
Description of Amendments/Reason for Declining:  
_________________________________________________________________________________  
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