

# Application for Arterial Access Permit

## City of Sioux Falls

**Instructions:** Please contact the City of Sioux Falls Engineering office to determine what supporting documents must accompany this application. Please submit a separate application and supporting documentation for each access requested. Attach additional sheets as necessary. Please print or type.  
 Owner and applicant agree to comply with special and standard conditions if access permitted.

PERMIT APPLICATION (TO BE COMPLETED BY APPLICANT)

**Property Owner:**  
 Name(s):  
 Mailing Address:  
 City, State, Zip  
 Daytime Phone:

**Applicant (if different from Owner):**  
 Name(s):  
 Mailing Address:  
 City, State, Zip  
 Daytime Phone:

**Property or Collector Street to be Served by Approach:**  
 Street Name:  
 Or  
 Subdivision:          Block/Lot:  
 Street Address:  
 City:

**Arterial to be Accessed by Approach:**  
 Arterial Street Name:  
 Access would be \_\_\_\_\_ feet (north, south, east or west) from \_\_\_\_\_ (nearest cross street).

**Land Use of Property to be Served (check all that apply):**  
 Agricultural: acres served \_\_\_\_\_  
 Business: type \_\_\_\_\_ total square footage of buildings: \_\_\_\_\_ number of employees \_\_\_\_\_  
 Residential: number of single-family dwellings \_\_\_\_\_, or number of multi-family dwellings \_\_\_\_\_  
 Other: describe \_\_\_\_\_

**Type of Permit Requested (check one)**  
 New approach  
 Change in use  
 Temporary access  
 Improve existing access  
 Relocate existing access  
 Remove existing access

**Estimated Date of Construction:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Signature of Owner (if different than applicant):** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Permit Decision (to be completed by City of Sioux Falls)

**Supporting Materials Required:**  
 (Required) (Received)

<input type="checkbox"/>	Access Approach Design	<input type="checkbox"/>
<input type="checkbox"/>	Vicinity Map	<input type="checkbox"/>
<input type="checkbox"/>	Traffic Volumes	<input type="checkbox"/>
<input type="checkbox"/>	Three Copies of Site Plan	<input type="checkbox"/>
<input type="checkbox"/>	Traffic Control Plan	<input type="checkbox"/>
<input type="checkbox"/>	Proof of Liability Insurance	<input type="checkbox"/>
<input type="checkbox"/>	Detailed Development Plan	<input type="checkbox"/>
<input type="checkbox"/>	Drainage Plan	<input type="checkbox"/>
<input type="checkbox"/>	Traffic Impact Study	<input type="checkbox"/>
<input type="checkbox"/>	Revegetation Plan	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

**Received by City of Sioux Falls:** Date: \_\_\_/\_\_\_/\_\_\_

**Decision: (to be made after Application Review)**  
 Access Approved  
 Access Approved with Variance: \_\_\_\_\_  
 \_\_\_\_\_  
 Access Denied

**Terms and Conditions of Approval (or Reason for Denial)**

**Access Must be Constructed By:** \_\_\_/\_\_\_/\_\_\_

**City Engineer Signature:** \_\_\_\_\_  
**Date:** \_\_\_/\_\_\_/\_\_\_

**City of Sioux Falls Arterial Access Permit Application Review Sheet (to be completed by City)**

**Arterial Access Classification: (check one)**

- Regional Arterial
- Arterial I
- Arterial II
- Arterial III

Average Daily Traffic \_\_\_\_\_  
 Accidents (three years) \_\_\_\_\_

**Arterial Alignment to Left of Access (as seen when standing on access)**

- Flat
- Slopes up
- Slopes down

Stopping Sight Distance: \_\_\_\_\_ ft.  
 Entering Sight Distance: \_\_\_\_\_ ft.  
 Posted Speed Limit: \_\_\_\_\_ mph

- 0-3% grade
- 3-5% grade
- >5% grade

**Arterial Alignment to Right of Access (as seen when standing on access)**

- Flat
- Slopes up
- Slopes down

Stopping Sight Distance: \_\_\_\_\_ ft.  
 Entering Sight Distance: \_\_\_\_\_ ft.  
 Posted Speed Limit \_\_\_\_\_ mph

- 0-3% grade
- 3-5 % grade
- >5% grade

**Significant Design and Potential Impact Considerations (check all that apply and explain checked items):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sidewalks or Bike Paths | <input type="checkbox"/> Surface Drainage       | <input type="checkbox"/> Distance to Nearby Streets, Both Directions    |
| <input type="checkbox"/> Curb & Gutter           | <input type="checkbox"/> Drainage Structures    | <input type="checkbox"/> Distance to Nearby Driveways, Both Directions  |
| <input type="checkbox"/> On-Street Parking       | <input type="checkbox"/> Major Structures       | <input type="checkbox"/> Others Streets with Access or Available Access |
| <input type="checkbox"/> Shoulder Width          | <input type="checkbox"/> Guard Rail             | <input type="checkbox"/> Traffic Control Devices or Relocation Needed   |
| <input type="checkbox"/> Historical Resources    | <input type="checkbox"/> Above-Ground Utilities | <input type="checkbox"/> Median Crossovers                              |
|  | <input type="checkbox"/> Railroad Tracks        |   |

Explain impact on design:

**City of Sioux Falls Assistant Engineer Review:**  
 Comments:

Signature: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**City of Sioux Falls Engineer- Traffic Review:**  
 Comments:

Signature: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPROACH DESIGN SKETCH**

**List Attachments:**

- Driveway details
- Culvert details
- Mailbox details
- Fencing details
- Sidewalk details
- Median crossovers
- Recreation paths
- Rail crossings
- Auxiliary lanes
- Storm sewer
- Pavement
- Curb & gutter
- Traffic Control
- Sign/signal/markings
- Other

City of Sioux Falls Review Performed by:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_