

## **Application for Arterial Access Permit**

**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. **Property Owner:** Applicant (if different from owner): Name(s): Name(s): PERMIT APPLICATION (TO BE COMPLETED BY THE APPLICANT) Mailing Address: Mailing Address: City, State, Zip: City, State, Zip: Daytime Phone: Daytime Phone: Property or Collector Street to be Served by Arterial to be Accessed by Approach: Approach: Street Name: Arterial Street Name: Or Access would be feet (□ north, □ south, □ east, Subdivision: Block/Lot: or □ west) from \_\_\_\_\_\_(nearest cross street). Street Address: City: Land Use of Property to be Served (check all that Type of Permit Requested (check one) ☐ New approach ☐ Agricultural: acres served \_\_\_\_\_ ☐ Change in use ☐ Business: type □ Temporary access total square footage of buildings: ☐ Improve existing access number of employees \_\_\_\_\_ □ Relocate existing access ☐ Residential: □ Remove existing access number of single-family dwellings \_\_\_\_\_, or number of multifamily dwellings \_\_\_\_\_\_. Other: describe **Estimated Date of Construction:** Signature of Applicant: Date: \_\_\_\_\_ Signature of Owner (if different than applicant): Date: Supporting Materials Required: Received by the City: Date: (Required) (Received) BY THE CITY) Access Approach Design Vicinity Map **Traffic Volumes** Three Copies of Site Plan **Decision:** (to be made after Application Review) Traffic Control Plan PERMIT DECISION (TO BE COMPLETED ☐ Access Approved Proof of Liability Insurance ☐ Access Approved with Variance: \_\_\_\_\_ **Detailed Development Plan** П Drainage Plan □ Access Denied П Traffic Impact Study Revegetation Plan Other \_ Terms and Conditions of Approval (or Reason for Denial) Access Must be Constructed By: \_\_\_\_\_ City Engineer Signature: \_\_\_\_\_ Date: \_\_\_

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City of Sioux Falls Arterial Access Permit Application Review Sheet (to be completed by the 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)				Arterial Alignment to Right of Access (as seen when standing on access)			
☐ Flat ☐ Slopes up ☐ Slopes down	Stopping Sight Distance:  Entering Sight Distance:  Posted Speed Limit:  0–3% grade  3–5% grade  >5% grade		☐ Flat ☐ Slopes up ☐ Slopes down		Entering Posted S		
Significant Design and Potential Impact Considerations (check all that apply and explain checked items):							
<ul> <li>□ Sidewalks or Bike Paths</li> <li>□ Curb and Gutter</li> <li>□ On-Street Parking</li> <li>□ Shoulder Width</li> <li>□ Historical Resources</li> </ul>		<ul> <li>□ Surface Drainage</li> <li>□ Drainage Structures</li> <li>□ Major Structures</li> <li>□ Guard Rail</li> <li>□ Above-Ground Utilities</li> <li>□ Railroad Tracks</li> </ul>	<ul><li>☐ Distance to Nearby</li><li>☐ Other Streets with A</li><li>☐ Traffic Control Device</li></ul>		Nearby Drives with Accestal Devices	eets, Both Directions veways, Both Directions ess or Available Access or Relocation Needed	
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 DESIG	N SKETCH				<b>L</b>	Culvert details  Mailbox details  Fencing details  Sidewalk details  Median crossovers  Recreation paths  Rail crossings  Auxiliary lanes  Storm sewer  Pavement  Curb and gutter  Traffic Control  Sign/signal/marking	
City of Sioux Falls Review Performed by:					Da	ite:	

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