



PERMIT APPLICATION (TO BE COMPLETED BY THE APPLICANT)

Signature of Owner (if different than applicant): _____ Date: _____

PERMIT DECISION (TO BE COMPLETED BY THE CITY)

City Engineer Signature: _____ Date: _____

City of Sioux Falls Arterial Access Permit Application Review Sheet (to be completed by the City)			
Arterial Access Classification: (check one) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Regional Arterial <input type="checkbox"/> Arterial I <input type="checkbox"/> Arterial II <input type="checkbox"/> Arterial III </div> <div style="width: 35%;"> Average Daily Traffic _____ Accidents (three years) _____ </div> </div>			
Arterial Alignment to Left of Access (as seen when standing on access)		Arterial Alignment to Right of Access (as seen when standing on access)	
<input type="checkbox"/> Flat <input type="checkbox"/> Slopes up <input type="checkbox"/> Slopes down	Stopping Sight Distance: _____ ft. Entering Sight Distance: _____ ft. Posted Speed Limit: _____ mph <input type="checkbox"/> 0–3% grade <input type="checkbox"/> 3–5% grade <input type="checkbox"/> >5% grade	<input type="checkbox"/> Flat <input type="checkbox"/> Slopes up <input type="checkbox"/> Slopes down	Stopping Sight Distance: _____ ft. Entering Sight Distance: _____ ft. Posted Speed Limit: _____ mph <input type="checkbox"/> 0–3% grade <input type="checkbox"/> 3–5% grade <input type="checkbox"/> >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"/> Curb and Gutter <input type="checkbox"/> On-Street Parking <input type="checkbox"/> Shoulder Width <input type="checkbox"/> Historical Resources	<input type="checkbox"/> Surface Drainage <input type="checkbox"/> Drainage Structures <input type="checkbox"/> Major Structures <input type="checkbox"/> Guard Rail <input type="checkbox"/> Above-Ground Utilities <input type="checkbox"/> Railroad Tracks	<input type="checkbox"/> Distance to Nearby Streets, Both Directions <input type="checkbox"/> Distance to Nearby Driveways, Both Directions <input type="checkbox"/> Other Streets with Access or Available Access <input type="checkbox"/> Traffic Control Devices or Relocation Needed <input type="checkbox"/> Median Crossovers	
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 <div style="height: 150px;"></div>			List Attachments: <input type="checkbox"/> Driveway details <input type="checkbox"/> Culvert details <input type="checkbox"/> Mailbox details <input type="checkbox"/> Fencing details <input type="checkbox"/> Sidewalk details <input type="checkbox"/> Median crossovers <input type="checkbox"/> Recreation paths <input type="checkbox"/> Rail crossings <input type="checkbox"/> Auxiliary lanes <input type="checkbox"/> Storm sewer <input type="checkbox"/> Pavement <input type="checkbox"/> Curb and gutter <input type="checkbox"/> Traffic Control <input type="checkbox"/> Sign/signal/markings <input type="checkbox"/> Other
City of Sioux Falls Review Performed by: _____ Date: _____			