



CLARK COUNTY ACCESS PERMIT APPLICATION

COPY OF PERMIT MUST BE PRESENT AT WORK SITE DURING CONSTRUCTION

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Surface Type <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Pavement | 2. Start Date | 3. Estimated Completion Date: | 4. Road Name |
| 5. Location | 6. Site Distance | 7. Posted Speed | 8. Approach <input type="checkbox"/> Agriculture <input type="checkbox"/> Single Residence <input type="checkbox"/> Multiple Residence - No. Served _____ <input type="checkbox"/> Business Type |
| 9. Width _____ Feet | 10. Surface Type | 11. Estimated ADT _____ (Vehicle Count) | |
| 12. Other | Explain: | | |
| 13. Signature This signature acknowledges that all information on this application and the attached plans is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinances of the County, State, and Federal Laws; AND that the activity conducted will be in full compliance with any and all conditions imposed on this permit's approval or the approval of previous permits (conditional use permits, variances, etc.) required. This permit expires in two years in the activity authorized is not commenced OR if the activity commenced but abandoned for one year at any time before completion. | | | |
| Name of Property Owner | | Applicant – Please Print or Type | |
| Address | | Signature of Owner/Authorized Representative | |
| City, State, Zip | | Date | |

Temporary Permit

Date:

Approved By:

Final Permit

Approved Date _____

Rejected Date _____

Correction Required:

Approved By: