

DELAWARE DEPARTMENT OF TRANSPORTATION	
APPLICATION FOR RESIDENTIAL ENTRANCE CONSTRUCTION PERMIT	
Property Owner's Name : _____	Date: _____
Mailing Address: _____	
_____	_____
City	State Zip Code
Telephone No.: (____) _____	Cell No.: (____) _____
Fax No.: (____) _____	E-mail Address: _____
Tax Map I.D. No.: _____ (Example: SM 00 000 00 00 00 00 000)	
Applicant Name: _____	
Mailing _____	Address: _____
_____	_____
City	State Zip Code
Telephone No.: (____) _____	Cell No.: (____) _____
Fax No.: (____) _____	E-mail Address: _____
Proposed/Existing entrance location (Mailing Address, Maintenance Road Name, or Road No.): _____	
Nearest intersecting road (Name): _____	
Distance from entrance to nearest intersecting road: _____	Subdivision Name (If applicable): _____
Location of proposed entrance shall be physically staked in field with property owner's name, as a condition of this application. Date when you can place stakes up at entrance: _____ If stakes are not in place, a permit will NOT be issued. mm/dd/yy Are you requesting a permit for an <u>existing</u> entrance or a <u>proposed</u> entrance? Existing or Proposed (Circle one)	
If applying for an <u>existing</u> entrance:	
* Will you be modifying or relocating the existing entrance? Yes _____ No _____	
If yes (explain): _____	
* Was the existing entrance constructed within the past three years? Yes _____ No _____	
Describe modification you are proposing on the property (Single Family Dwelling, Mobile Home, Replacement of Mobile Home, Echo Unit, Building, Additions, etc.): _____	
Additional Comments (Please write on back)	
_____ Signature	