

11-01-04
ACCESS PERMIT APPLICATION
LORAIN COUNTY ENGINEER

Application # _____ (to be completed by County Engineer)
Authorized by ORC 5552 and Lorain County Commissioners Resolution #04-662

In accordance with Lorain County Access Management Regulations, the Lorain County Engineer must review any proposed lot split and determine whether an access permit may be issued.

I am hereby applying for an access permit for the following type of access:

- _____ Minimum Volume Driveway – Field drive or utility drive.
- _____ Very Low Volume driveway – Field drive providing access to farm buildings including single home; single family residence drive; single family common access drive serving five or fewer residence; multi-family residence drive serving five or fewer residential units; walking, jogging, biking or equestrian trails.
- _____ Low Volume Driveway – Less than 100 trip ends in the peak hour.
- _____ Medium Volume Driveway – 100 or more but less than 200 trip ends in the peak hour.
- _____ High Volume Driveway – 200 or more trip ends in the peak hour.

The same map prepared for the Lorain County Health Department review will be submitted with this Access Permit Application. Any medium or high volume driveway will require a Traffic Impact Study prepared in accordance with the requirements of the ODOT State Highway Access Management Manual. The County Engineer may require a Traffic Impact Study on Low Volume Driveways.

Within 7 days of submittal, the Lorain County Engineer will issue an access permit indicating those locations along the lot for which access is acceptable and in conformance with the regulations. Permits issued shall prescribe the permitted uses or conditions of the permit as well as the access classification changes. Sales to an adjoining land owner are exempt unless the intent of the sale is to provide access.

If the initial review indicates a sight distance problem for access, the County Engineer may require the additional information shown in Article Six, Paragraph B of the Lorain County Access Management Regulations.

_____ Health Department Review Map attached

Applicant Signature

Applicant Name, Address, Phone Number