LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT
PRELIMINARY ACCESS CONNECTION REQUEST FORM
TRAFFIC GENERATOR TYPE ACCESS ON A STATE ROUTE

An access connection *is any physical connection between a state roadway and private or public property which allows the ingress and egress of vehicles to or from said property.*

THIS FORM IS NOT TO BE USED FOR SINGLE-FAMILY RESIDENTIAL OR NON-COMMERCIAL AGRICULTURE ACCESS CONNECTION REQUESTS.

PROPERTY OWNER INFORMATION

Name _____

Company (If Applicable to Permit) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home/Bus Phone _____ Cell Phone _____

E-Mail _____

☐ Check here if Owner is to be the Primary Contact.

DESIGNATED CONTACT INFORMATION (If Primary Contact is not the Owner)

Name _____

Company (If Applicable to Permit) _____

Phone _____ Fax _____

Email _____

Relationship to Property Owner: ☐ Engineer ☐ Attorney ☐ Other _____

Submit Power of Attorney documentation stating this person has the authority to enter into a legally-binding agreement on behalf of the Owner.

PROPERTY INFORMATION

REQUIRED INFORMATION

Property 911 Address _____

City _____ State _____ Zip Code _____

Parish _____ Current Hwy Surface _____

State Highway Adjacent to Property (LA/US Route #): _____

Property is located on the (circle applicable) N S E W side of the highway

_____ miles (circle applicable) N S E W from (nearest state highway # or other major roadway) _____

Lot Depth (ft): _____ Frontage Width (ft): _____

Proposed driveway width (ft): _____

OPTIONAL INFORMATION

Distance from Centerline of Roadway to Property Line (ft): _____

Proposed Building Dimensions _____

Setback from Right-of-Way to nearest building/gas pump/etc. (ft): _____

Distance from Property Lines to Nearest Driveways/Roadways _____

Property Latitude _____ . __ __ ___ Property Longitude ____ . __ ___ __

YOU MUST ATTACH A PROPERTY MAP TO THIS DOCUMENT.

Attach property survey or plat of property. Show proposed location of access point and locations of nearest existing driveways and median openings (if applicable). Everything must be dimensioned.

THIS FORM IS NOT TO BE USED FOR SINGLE-FAMILY RESIDENTIAL OR NON-COMMERCIAL AGRICULTURE ACCESS CONNECTION REQUESTS.

APPLICANT TO COMPLETE:

PROPOSED USE OF PROPERTY:

☐ Multi-Residence Single Family
Number of Homes Proposed _____

☐ Commercial
Total Facility Sq. Ft. _____
Select One:
☐ Retail ☐ Mixed-Use ☐ Medical
☐ Religious ☐ Educational ☐ Public
☐ Agricultural ☐ Utility ☐ Bank
☐ Other: _____

☐ Temporary (less than 1 year) – Explain Use _____

☐ Other – Explain _____
_____

- Will access connection become a public road? ☐ Yes ☐ No
- Will the full development be built in phases? ☐ Yes ☐ No ☐ Unknown

SELECT ALL THAT APPLY:

☐ Applicant requests more than one access connection.
☐ Property is within ½ mile of an existing traffic signal.
☐ Applicant requests a new traffic signal.
☐ Applicant requests a new median opening.
☐ Requested access connection location aligns with an existing signal or intersection.
☐ Existing median opening or portion Thereof, is within the frontage limits of the property.
☐ Requested access connection is not on a state route, but is within ¼ mile of a state route.
☐ Railroad crossing located within ¼ mile.
☐ Applicant requests a roundabout.
☐ Property has frontage on an existing local or parish roadway.
☐ Property is within the functional area of intersection or limits of turn lane.

If requesting commercial access, indicate the types and number of businesses and provide the floor area square footage of each:

Business Type	Sq. Ft.

If requesting residential development access, indicate the types and number of units (single family, apartment, townhome, etc.):

Residence Type	# Units

For agricultural access, indicate number of acres the access will serve: _____

Please answer the following questions. Provide additional documentation, if necessary:

Does the applicant have knowledge of any State Highway access permits serving this property, or adjacent properties, in which the applicant has, or may have, a property interest?

☐ No ☐ Yes. Provide details: _____

Does the property owner own or have any interests in any adjacent properties?

☐ No ☐ Yes. Provide details: _____

Are there other existing or dedicated public streets, roads, highways, or access easements bordering or within the property?

☐ No ☐ Yes. If Yes, list them on all plans and indicate the proposed and existing access locations.

This application is for (check one): ☐ New Construction ☐ Remodel/Change in Use ☐ Expansion of Facility

I certify that the information contained herein is true, complete, and correct to the best of my knowledge. I understand that if any information contained herein is found to be falsified, this request and any permit issued based on this information shall be voided.

Signature of Owner _____ **Date** _____

Return Completed Form to the District Permit Specialist at the DOTD District Office where subject property is located.

DEPARTMENT OF TRANSPORTATION & DEVELOPMENT USE ONLY (Permit Specialist)

Date Requested Received _____ Date Owner Contacted _____

(Owner should be contacted within 14 business days of date request is received.)

District _____ Request Processed By _____

Pre-Permit Application Meeting Required: ☐ No ☐ Yes

Meeting Scheduled for _____ 20 _____ at _____ AM/PM

Applicant Contacted to Confirm Meeting by_____