

## Application for Driveway Entrance Permit

<b>Entrance Fee:</b> \$225.00	<b>Date Paid:</b> _____
<b>Application Number:</b> _____	
<b>Proposed Work:</b> <input type="checkbox"/> New Driveway <input type="checkbox"/> Replacement of Existing Driveway <input type="checkbox"/> Other _____ _____ Total Number of Driveways	
<b>Type of Approach:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Recreational <input type="checkbox"/> Agriculture <input type="checkbox"/> Secondary Access _____ Site Plan Control Number (If applicable)	
<b>New Curb Cut:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      Width Requested: _____	
<b>Culvert/Ditch Fill:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      Proposed Size: _____	
<b>Diameter of Adjacent Culvert:</b> Size Upstream: _____    Size Downstream: _____	
<b>Do you have a minimum of 1.2 metres from your proposed culvert edge to your property line?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Confidential Information</u></b>	
<b>Name of Applicant:</b> _____ <input type="checkbox"/> Same as Owner	<b>Name of Owner/Agent (as shown on Deed):</b> _____
<b>Home Number:</b> _____	<b>Home Number:</b> _____
<b>Cell Number:</b> _____	<b>Cell Number:</b> _____
<b>Work Number:</b> _____	<b>Work Number:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____
<b>Address:</b> _____ _____	<b>Address:</b> _____ _____
<b>Postal Code:</b> _____	<b>Postal Code:</b> _____

**Note: Work must not begin until this application has been approved.**

<b><u>Location of Proposed Entrance</u></b>	
Civic Road Number: _____	Side of Road: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
Road Name: _____	
Assessment Roll Number: _____	<input type="checkbox"/> Imagery Attached
<b><u>Staking the Proposed Entrance Location</u></b>	
The Municipality requires that you stake the proposed entranceway location. Please indicate the date that the entranceway will be staked.	
Date: _____	
<b><u>Applicant/Agent/Owner Signature</u></b>	
Signature: _____	Date: _____
<b><u>For Department Inspector Use Only</u></b>	
Date of prework field inspection: _____	Inspected by: _____ <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Lead Hand
New Civic Number Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Culvert Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Culvert Size: Length: _____ Metres    Diameter: _____ Millimetres
Curb cut Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Width Needed: _____
Details of Inspection: Sight Line: _____ Metres    Road Speed: _____ km    Curb: _____ Metres	
Road Frontage Area: _____    Ditch Depth: _____ Metres	
Other Comments: _____	
Entrance Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied    this _____ day of _____, 20_____	
Authorized Staff Signature: _____	Date: _____
Date of post work inspection: _____	Inspected by: _____ <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Lead Hand
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Fail    this _____ day of _____, 20_____.	
Comments: _____	
Authorized Staff Signature: _____	Date: _____

With approval of the Entrance Permit, the applicant will be responsible for the full installation cost and the owner/applicant agrees that the work will be carried out under the current versions of the Ontario Health & Safety Act, Ontario Traffic Manual and Township Policy & Procedures.