

Application for Driveway Entrance Permit

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

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

Location of Proposed Entrance

Civic Road Number: _____ Side of Road: North South East West
Road Name: _____
Assessment Roll Number: _____ Imagery Attached

Staking the Proposed Entrance Location

The Municipality requires that you stake the proposed entranceway location. Please indicate the date that the entranceway will be staked.

Date: _____

Applicant/Agent/Owner Signature

Signature: _____ Date: _____

For Department Inspector Use Only

Date of prework field inspection: _____ Inspected by: _____
 Director Manager Lead Hand

New Civic Number Required: Yes No

Culvert Needed: Yes No Culvert Size: Length: _____ Metres Diameter: _____ Millimetres

Curb cut Needed: Yes No Width Needed: _____

Details of Inspection: Sight Line: _____ Metres Road Speed: _____ km Curb: _____ Metres

Road Frontage Area: _____ Ditch Depth: _____ Metres

Other Comments: _____

Entrance Permit: Approved Denied this _____ day of _____, 20_____

Authorized Staff Signature: _____ Date: _____

Date of post work inspection: _____ Inspected by: _____
 Director Manager Lead Hand

Satisfactory 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.