



Office Use Only:
Application: _____
Fee \$650.00 (\$150.00 Application Fee plus \$500.00 Deposit)
Date Paid: _____
Receipt Number: _____

APPLICATION FOR ENTRANCE PERMIT

Name of Applicant: _____

Mailing Address: _____

_____ Postal Code: _____

Daytime Telephone No: _____

Email Address: _____

Name of Owner (If different from Applicant): _____

Property Description: Roll Number: 4616- _____ -000- _____ -0000

Lot No. _____ Concession: _____ Township _____

1. I hereby request that an inspection be made of my proposed entrance onto the Township Road known as:

NOTE: It is the owner's responsibility to ensure that the proposed entrance is onto a Township road – if it is later determined that the entrance is not on a Township road, the Application fee will NOT be refunded.

Date permit is required: _____ **A minimum of three weeks' notice is required.**

2. A survey or sketch of my property showing the proposed location of the entrance, is shown below.

3. I confirm that I have placed markers – 2 stakes wrapped in red plastic tape – at the proposed entrance site.

4. My contractor will be _____. "Contractor" shall mean a hired contractor or person(s), including the owner, with appropriate Contractor Liability Insurance, (minimum of \$2,000,000.00) and WSIB coverage as required by Provincial Legislation, as well as an understanding of appropriate construction techniques and construction safety in accordance with the Occupational Health and Safety Act.

5. I understand and agree that my proposed entrance will not be installed until I am in receipt of specifications from the Road Superintendent, or his/her designate, and that the installation will conform to the specifications as detailed below.

6. I further understand and agree that I, or my Contractor, will notify the Road Superintendent or his/her designate, via the Municipal Office at 705-286-1260, ext. 212 7 Milne Street, PO Box 359, Minden, Ontario K0M 2K0, and request a final inspection prior to backfilling my entrance, and that I will rectify immediately any deficiencies revealed by a final inspection of which I am notified.

7. I understand that the above fee includes a deposit of \$500.00 to be released to the Applicant after final approval of the entrance has been received.

8. I also understand that this permit will expire six (6) months from date of approval if not completed.

Date

Signature

Site Sketch by Owner



Site Visit Remarks & Material Specifications

Size of Culvert Required: _____

Conditions: _____

Signature Of Township Staff: _____

Date Of Inspection _____
For Requirements

NOTE: Applicant to phone for Final Inspection

Final Inspection

Entrance Approved: Yes ___ No ___

Deposit to be refunded: Yes ___ No ___
(Notification required to AP)

Date: _____

Signature Of Staff:
