



APPLICATION FOR THE CONSTRUCTION OF DRIVEWAY ENTRANCES

Name of Owner _____ Roll # _____ (print name)

Municipal Address _____

Concession _____ Lot _____ Plan _____ Lot _____ Telephone _____

E-mail: _____ Length of Culvert preferred: _____ *Staked _____

Date required: _____ Reasons: _____

- * NOTE: A minimum of seven working days is required after permit is paid.
* NOTE: Lots subject to site plan control must have site plan approval first.
* NOTE: The property owner must mark the location prior to submission and provide a sketch in the area below or attach a file.

Large empty rectangular box for site plan or sketch.

UNDER THE AUTHORITY OF BYLAW NO. 2017.43 THE OWNER AGREES TO COMPLY WITH THE REQUIREMENTS OF THE MUNICIPALITY WITH REGARDS TO DRIVEWAY ENTRANCES. IT IS THE RESPONSIBILITY OF THE OWNER TO MAINTAIN AND KEEP ENDS OF THE CULVERTS OPEN AT ALL TIMES. SEE BYLAW FOR OTHER RESTRICTIONS.

BYLAW NO. 2017.43, (s.5.3), REQUIRES THAT ALL NEW ENTRANCES IN THE SUBDIVISIONS OF BAYSHORE VILLAGE, DAVY DRIVE, HERITAGE FARMS AND VAL HARBOUR SHALL BE INSTALLED AT A WIDTH OF 30 FEET.

Signature of Owner: _____ Date: _____

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Office Use Only

Date Application was received by Township \_\_\_\_\_ Received by: \_\_\_\_\_

Is the property subject to site plan control [ ] yes [ ] no
If yes, has the site plan been approved [ ] yes [ ] no

Attach a copy of the approved site plan

Date of approval: \_\_\_\_\_

**FEES AND CHARGES**

\$300.00 for first two inspections, subsequent inspections \$300.00 each.

\$1000.00 deposit only refunded when entrance meets all standards set by the Township.

|                                                                                                     |                    |                                                                                                       |                       |
|-----------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Paid: \$</b><br>_____<br><b>(cash, cheque, debit)</b>                                            | <b>Date:</b> _____ | <b>Receipt #</b> _____<br><b>Attach Receipt</b>                                                       | <b>Initial:</b> _____ |
| <b>Deposit Amount</b> _____<br><b>Deposit Date Paid</b> _____                                       |                    | <b>Deposit Refunded Amount</b> _____<br><b>Deposit Issue Date</b> _____<br><b>Cheque Number</b> _____ |                       |
| <b>Name of Contractor</b> _____                                                                     |                    |                                                                                                       |                       |
| WSIB attached: yes <input type="checkbox"/> no <input type="checkbox"/>                             |                    |                                                                                                       |                       |
| Liability insurance attached: yes <input type="checkbox"/> no <input type="checkbox"/>              |                    |                                                                                                       |                       |
| Traffic plan attached: yes <input type="checkbox"/> no <input type="checkbox"/>                     |                    |                                                                                                       |                       |
| <b>Inspection Date:</b> _____<br><b>1<sup>st</sup> Inspection Comments:</b> _____<br>_____<br>_____ |                    | <b>1<sup>st</sup> Inspector's Signature:</b> _____                                                    |                       |
| <b>Installation Date:</b> _____                                                                     |                    | <b>2<sup>nd</sup> Inspector's Signature:</b> _____                                                    |                       |
| <b>Completion Picture Attached</b> <input type="checkbox"/>                                         |                    | <b>Comments:</b> _____<br>_____<br>_____<br>_____                                                     |                       |
| <b>Size:</b> _____ x _____<br><b>diameter length</b>                                                |                    | <b>Type:</b> CSP <input type="checkbox"/> Plastic <input type="checkbox"/>                            |                       |
| <b>Manager's Final Approval</b> <input type="checkbox"/>                                            |                    |                                                                                                       |                       |
| <b>Manager's Final Approval Date</b> _____                                                          |                    |                                                                                                       |                       |
| <b>Distribution</b>                                                                                 |                    |                                                                                                       |                       |
| 1. <b>Keystone</b> <input type="checkbox"/>                                                         |                    |                                                                                                       |                       |
| 2. <b>Ticket System</b> <input type="checkbox"/>                                                    |                    |                                                                                                       |                       |
| 3. <b>Property File</b> <input type="checkbox"/>                                                    |                    |                                                                                                       |                       |
| 4. <b>Owner</b> <input type="checkbox"/>                                                            |                    |                                                                                                       |                       |