



**COMMUNITY PROGRAMS & INFRASTRUCTURE
APPLICATION FOR ENTRANCE APPROVAL**

THE UNDERSIGNED HEREBY APPLIES FOR: Check existing Culvert Culvert to be Installed Curb Cut

APPLICANT INFORMATION:

Date(dd/mm/yyyy): _____

Owner's Name: _____ Address: _____

Phone: *Home* _____ *Business* _____ *Cell* _____

Fax _____ *email* _____

Signature: _____

LOCATION OF PROPERTY TO BE SERVICED:

Address to be serviced: _____

Lot No. _____ Plan No. _____ Concession No. _____ Street: _____

SKETCH OF DESIRED LOCATION WITH DIMENSIONS:



Note: Owner to place two painted stakes on lot site showing desired location of entrance

FOLLOWING CONTENTS FOR OFFICE USE ONLY

Culvert / Gravel 1-5-0331311-4266 _____ Roll Number: _____

Curb Cuts: 1-5-0331319-4268 _____ Building Permit Number: _____

HST: 1-2-0141100-1243 _____ Size Required (mm): _____

Total: _____ Damage Deposit Fee (\$): _____

APPROVED BY:

Road Foreman's Name : _____ Date: _____ Signature: _____

ESTIMATED DATE OF COMPLETION

Date: _____ Signature: _____

COMPLETED:

Date: _____ Signature: _____