

APPLICATION FOR ENTRANCE PERMIT

\$500 ENCLOSED (\$200 PERMIT FEE & \$300 DEPOSIT). Cheque payable to the TOWNSHIP OF ALGONQUIN HIGHLANDS

FOR:

<input type="checkbox"/> New Entrance	<input type="checkbox"/> Residential	<input type="checkbox"/> Permanent
<input type="checkbox"/> Obtain Second Entrance	<input type="checkbox"/> Commercial	<input type="checkbox"/> Temporary
<input type="checkbox"/> Change an Existing Entrance	<input type="checkbox"/> Field/Bush	

1. APPLICANT Registered Owner Authorized agent of owner

Name _____
Address _____
City _____ Province _____ Postal Code _____
Phone _____ Fax _____ Email _____

2. REGISTERED PROPERTY OWNER (if different from Applicant)

Name _____
Address _____
City _____ Province _____ Postal Code _____
Phone _____ Fax _____ Email _____

3. LOCATION OF PROPERTY & PROPOSED ENTRANCE

Road Name _____
Concession _____ Pt Lot _____ Plan _____ Lot _____
Geographic Township _____ Roll Number 4621 _____
Entrance to be on the **N S E W** side of _____
(Municipal Road Name)
A distance of _____ km/miles **N S E W** of _____
(Intersection)
Identification stakes will be erected at the proposed location by _____
(Date)

Please provide a sketch of the location of property and proposed locations of entrance on reverse side of this form.

Date: _____ Applicant Signature: _____

▶▶▶ YOU MUST CONTACT PUBLIC WORKS SUPERVISOR AFTER YOUR ENTRANCE HAS BEEN INSTALLED ◀◀◀

PUBLIC WORKS SUPERVISOR: _____ **PHONE:** _____

IMPORTANT: YOUR DEPOSIT WILL ONLY BE RETURNED ONCE POST-INSTALLATION INSPECTION HAS BEEN COMPLETED AND APPROVAL IS GRANTED.

FIELD INVESTIGATION

FOR PUBLIC WORKS DEPARTMENT USE ONLY

Date _____ By _____
 Earth Cut Rock Cut On Fill Sight Distance: Right _____ Left _____
Length and Diameter of new culvert: _____
Restrictions or special considerations: None _____

PRE-INSTALLATION APPROVAL

Approved Not Approved **ROLL NO. 4621-** _____

Date _____ Public Works Supervisor _____

POST-INSTALLATION APPROVAL

Approved Not Approved

Date _____ Public Works Supervisor _____

Operations Manager _____

DEPOSIT RETURN DATE: _____

CHEQUE NUMBER: _____

LOCATION SKETCH

Please draw a sketch showing the location of the entrance that is the subject of this application, showing the boundaries and dimensions of the parcel that is to be serviced. Show entrance in proximity to existing roads and driveways, buildings, watercourses, drainage ditches, wells, septic tanks, etc. North arrow should be shown.

**PLEASE DO NOT START ANY WORK UNTIL YOU ARE NOTIFIED BY THE PUBLIC WORKS SUPERVISOR
THAT YOUR PRE-INSTALLATION INSPECTION HAS BEEN COMPLETED.**