

# APPLICATION FOR ENTRANCE PERMIT

Payment Made by  Registered Owner  Authorized agent of owner

**\$550 ENCLOSED** (\$250 PERMIT FEE & \$300 DEPOSIT). Cheque payable to the TOWNSHIP OF ALGONQUIN HIGHLANDS

**FOR:**  New Entrance  Residential  Permanent  
 Obtain Second Entrance  Commercial  Temporary  
 Change an Existing Entrance  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.**

<b>FIELD INVESTIGATION</b>	FOR PUBLIC WORKS DEPARTMENT USE ONLY
Date _____	By _____
<input type="checkbox"/> Earth Cut <input type="checkbox"/> Rock Cut <input type="checkbox"/> On Fill	Sight Distance: Right _____ Left _____
Length and Diameter of new culvert: _____	
Restrictions or special considerations: <input type="checkbox"/> None <input type="checkbox"/> _____	
<b>PRE-INSTALLATION APPROVAL</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <b>ROLL NO. 4621-</b> _____
Date _____	Public Works Manager/Designate _____
<b>POST-INSTALLATION APPROVAL</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Date _____	Public Works Supervisor _____
	Public Works Manager _____

<b>DEPOSIT RETURN DATE:</b> _____	<b>CHEQUE NUMBER:</b> _____
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## 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.**