



Township of Drummond/North Elmsley

#

Public Works Department

310 Port Elmsley Road, Perth, ON K7H 3C7 613-267-6500 Fax 613-267-2083

APPLICATION FOR ENTRANCE PERMIT

By-law 2008-004 Access to Township Roads Policy, available at www.dnetownship.ca

Name of Owner: _____

ROLL NUMBER: _____ SEVERANCE # _____

Owner address: _____ Postal Code _____

Owner email address: _____ Phone _____

Name & Address to Mail Refund to: _____

_____ Post Code: _____

Agent Name: _____ Agent email: _____

Agent phone: _____

IF THIS IS A COUNTY ROAD YOU MUST APPLY TO THE COUNTY FOR THE ENTRANCE; HWY 7 apply to MTO

Location of Entrance: _____

Closest existing pin # : _____ Pin # at property: _____ Township: DR or NE

Lot _____ Conc: _____ Part: _____ RP (Reference Plan) # _____

Type of Entrance: single res. Common res. Multi- Res. Private Road Field Other

Standard single: 5M (16.4ft), Common res: 8M (26.5ft). Request oversize size: _____

Reason for oversize: _____

Commercial/Industrial/Institutional additional information:

Type of commercial activity _____ Proposed hours of operation _____

Year round Seasonal Anticipated vehicles per day: _____, percentage heavy truck _____

Multi-res – number of dwellings _____

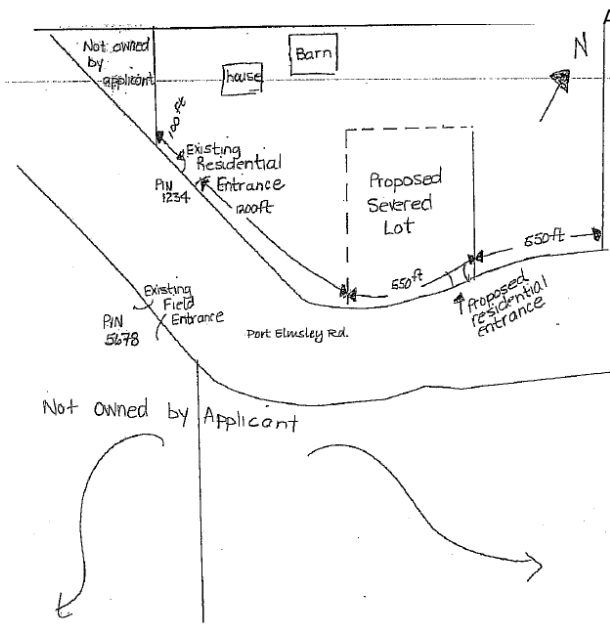
Common residential Entrance Agreement :

I/we owners listed below am/are the legal property owners(s) of the adjacent property to the property that is the subject of this application. I/we are in agreement that my/our entrance will become a common entrance as per the intent of the application. I/We understand that any and all agreements between property owners relating to installation, works, maintenance, costs, etc are between the property owners and that the Township of Drummond/North Elmsley is in no way responsible or liable.

Signature of owner	witness	date	contact number
Signature of owner	witness	date	contact number
Signature of owner	witness	date	contact number
Signature of owner	witness	date	contact number
Signature of owner	witness	date	contact number

MANDATORY Sketch Accompanying Application

APPLICATION # _____



Applicant Name: _____

PAID DATE: _____

SITE VISIT DATE: _____

SPECIFICATIONS: surface _____

culvert length _____ Culvert diameter _____

COMMENTS: _____

FINAL INSPECTION REQUEST: _____

FAILED SECOND SITE VISIT: _____

PASSED ISSUE PERMIT & REFUND AMT: _____

DATE: _____ Authorized by: _____

DRAW YOUR SKETCH HERE:

Mandatory – your application will not be processed without this sketch. If this is a severance please include a copy the Reference Plan clearly indicating the PART