



TOWNSHIP OF WAINFLEET
31940 Highway 3, P.O. Box 40, Wainfleet, ON LOS 1Y0
Phone (905) 899-3022 Fax (905) 899-2642

Application for Entrance Permit

APPLICATION IS HEREBY MADE TO:

Entrance Permit Number:

- | | | |
|------------------------------------------------------------------|-------|---------------------------------------------|
| <input type="checkbox"/> Construct an unpaved entrance | for a | <input type="checkbox"/> residential access |
| <input type="checkbox"/> Construct a paved entrance | for a | <input type="checkbox"/> farming access |
| <input type="checkbox"/> Alter an existing entrance | | |
| <input type="checkbox"/> Change location of an existing entrance | | |

Use an existing entrance for other than its original use (change of classification from farm to residential, etc.)

DESCRIPTION AND LOCATION OF PROPERTY:

Property Owner:

Address:

Entrance requested along:

Township Road name and number:

Location of Entrance (complete description):

CLASSIFICATION, USE, PURPOSE & DETAIL OF ENTRANCE:

(This section to be completed by the Township of Wainfleet staff only)

- | | | | |
|----------------------|--------------------------------------|----------------------------------|--------------------------------------------|
| Access Required for: | <input type="checkbox"/> Residential | <input type="checkbox"/> Farming | <input type="checkbox"/> Commercial |
| No. of Entrance(s): | <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> More (specify)___ |

Length of Culvert(s) (minimum 30ft or 9 metres):

Diameter of Culvert(s):

Type of Culvert (s):

Depth of Cover:

Material Proposed for Entrance:

Approximate distance approaching traffic is visible from the point of entry to the roadway:

From the Right _____ From the Left _____

Indicate which, if any, of the following will be affected:

- | | | | |
|----------------------------------------|---------------------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Road Drainage | <input type="checkbox"/> Trees, shrubs, plantings | <input type="checkbox"/> Sign | <input type="checkbox"/> Guard Rail |
|----------------------------------------|---------------------------------------------------|-------------------------------|-------------------------------------|

Dated:

Name & Signature of Township Representative:

THIS SECTION TO BE COMPLETED BY APPLICANT BEFORE PERMIT IS ISSUED:

Signature of Applicant or Representative:

Name of Firm, if any:

Mailing Address:

Phone: