



ENTRANCE PERMIT / DAMAGE DEPOSIT APPLICATION FORM

NAME: _____	DATE: _____
CURRENT ADDRESS: _____ _____	PHONE: _____
APPLICATION ADDRESS: _____ _____	BLDG. PERMIT #: _____
	R-PLAN #: _____
	LOT #: _____
	CONCESSION #: _____

ENTRANCE APPLICATION / DAMAGE DEPOSIT : *(Check appropriate selection)*

- New Entrance Permit (for building permit)
- Culvert Repair/Replacement
- Entrance Widening
- Access for Pool Installation
- Building construction in excess of \$10,000
- Paving Resurfacing

APPLICABLE FEES: (as per municipal by-law prescribing miscellaneous fees)

All applications: must include a \$25.00 inspection fee (non-refundable)

On approval of application: \$1,000. Refundable Damage Deposit required prior to commencement of work

Culvert Installation Cost: \$1,700 per 6 metre culvert and for installations requiring in excess of 6.0 m of pipe the additional fee will be \$100 for each metre of pipe in excess of 6 metres

Applicant signature _____ **Date** _____

TOWNSHIP USE ONLY

With approval of this Entrance Permit, the owner/applicant agrees that the work will be carried out under the current versions of the Ontario Health & Safety Act, Ontario Traffic Manual and Township Policy & Procedures

Inspection/Application **	\$	25.00	Entrance Permit Approved By: _____
Culvert Fee **	\$.	
Damage Deposit ***	\$.	Culvert Required: <u> L </u> Dia. _____
Total Fee	\$.	Date of Inspection: _____

Application & culvert fee (1-4-310-0148) *Damage deposit: (1-2-023-9711)

If damage deposit collected, scan copy of this form and payment receipt to GL Clerk.

DAMAGE DEPOSIT

PRE-CONSTRUCTION INSPECTION:

Inspection By: _____ (Staple pictures to application)

Date of Inspection: _____

Comments: _____

Damage Deposit Required: Y: N: Date of Deposit _____ Amount \$ _____

Signature

Date

POST-CONSTRUCTION INSPECTION:

Inspection By: _____ (Staple pictures to application)

Date of Final Inspection _____

Comments: _____

DAMAGE DEPOSIT RELEASE: Amount \$ _____ Release from 1.2.021.9711

Comments: _____

Signature of Inspector

Date

Signature of Supervisor

Date

Signature of Manager

Date

Signature of Deputy
Treasurer

Date

Copy to GL Clerk

ADDITIONAL DETAILS: