

The Corporation of the Township of Chisholm DRIVEWAY ENTRANCE PERMIT APPLICATION

Fee:\$100 Paid PERMIT NO. **SECTION 1 - APPLICANT INFORMATION** Contact Name: Applicant Name: Mailing Address: City/Town: Province: Postal Code: Phone No: E-mail Address: SECTION 2 - REGISTERED PROPERTY OWNER (If same as above, go to Section 3) Name: Phone No: Address: City/Town: Province: Postal Code: ☐ Please attach authorization of owner for applicant to make this submission **SECTION 3 - LOCATION OF PROPERTY** Address: Roll No: Part and/or Lot and Concession No: Plan No: **SECTION 4 - DESCRIPTION OF WORK** Type of access: ☐ Residential ☐ Farm/Industrial Second Entrance Other Application is being made for: Yes No Is a 911# needed: ☐ Please attach a sketch or drawing showing your property and the location of the proposed entrance. ☐ Entrance shall be marked with stakes with fluorescent paint for inspection purposes. **SECTION 5 - CONSENT AND APPROVALS** It is understood that all works will be constructed and/or altered at the expense of the applicant. That work must not commence before a permit has been issued by the Corporation of the Townhip of Chisholm and that the issue of a permit does not relieve the applicant of the responsibility of complying with the relevant Municipal By-Laws. **SECTION 6 - SIGNATURE OF APPLICANT** Signature: Date:

TO BE COMPLETED BY PUBLIC WORKS STAFF		
SECTION 7 - REQUIREMENTS FOR DRIVEWAY ENTRANCE		
Length of Pipe:	Diameter of Pipe:	
Inspector's Remarks:		
SECTION 8 - INITIAL SITE INSPECT	ΓΙΟΝ	
Signature of Public Works Foreman or Designate		Date
Applicant Contacted: Yes	No	
SECTION 10 - FINAL INSPECTION		
Comments:		Date
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Signature of Public Works Foreman or Designate		
SECTION 11 - 911#		
911# Assigned		Date sign ordered:
SECTION 12 - COMMENTS		

Application forms are to be submitted to:

Township of Chisholm Office 2847 Chiswick Line Powassan, ON P0H 1Z0 Telephone: (705) 724-3526 Email: <u>info@chisholm.ca</u>