

PERMIT # \_\_\_\_\_



**TOWNSHIP OF MAPLETON  
ENTRANCE CULVERT OR WIDENING  
& ROAD CROSSING APPLICATION**

7275 Sideroad 16, P.O. Box 160, Drayton, ON N0G 1P0  
Phone: 519-638-3313, Fax: 519-638-5113, Toll Free: 1-800-385-7248  
[www.mapleton.ca](http://www.mapleton.ca)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Permit Applied For:**

New Entrance/Culvert  Entrance Widening  Road Crossing

**Owner Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**AUTHORIZATION OF APPLICANT (COMPLETE ONLY IF THE OWNER IS NOT THE APPLICANT)**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

To act on my behalf in regard to the above application

Dated at the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Owner(s) Signature

Please check who should receive all communications: Owner  Applicant/Agent  Both

PERMIT # \_\_\_\_\_

**Location of Entrance/Culvert/Road Crossing:**

**Roll No.:** 2332 -

**Legal Address:**

LOT \_\_\_\_\_ CON \_\_\_\_\_ PLAN \_\_\_\_\_ Township \_\_\_\_\_

**Civic Address:** (house number and street name)

\_\_\_\_\_

**Please indicate which type of entrance this application is for:**

\_\_\_\_\_ Field Entrance

\_\_\_\_\_ Farm or Residential Entrance

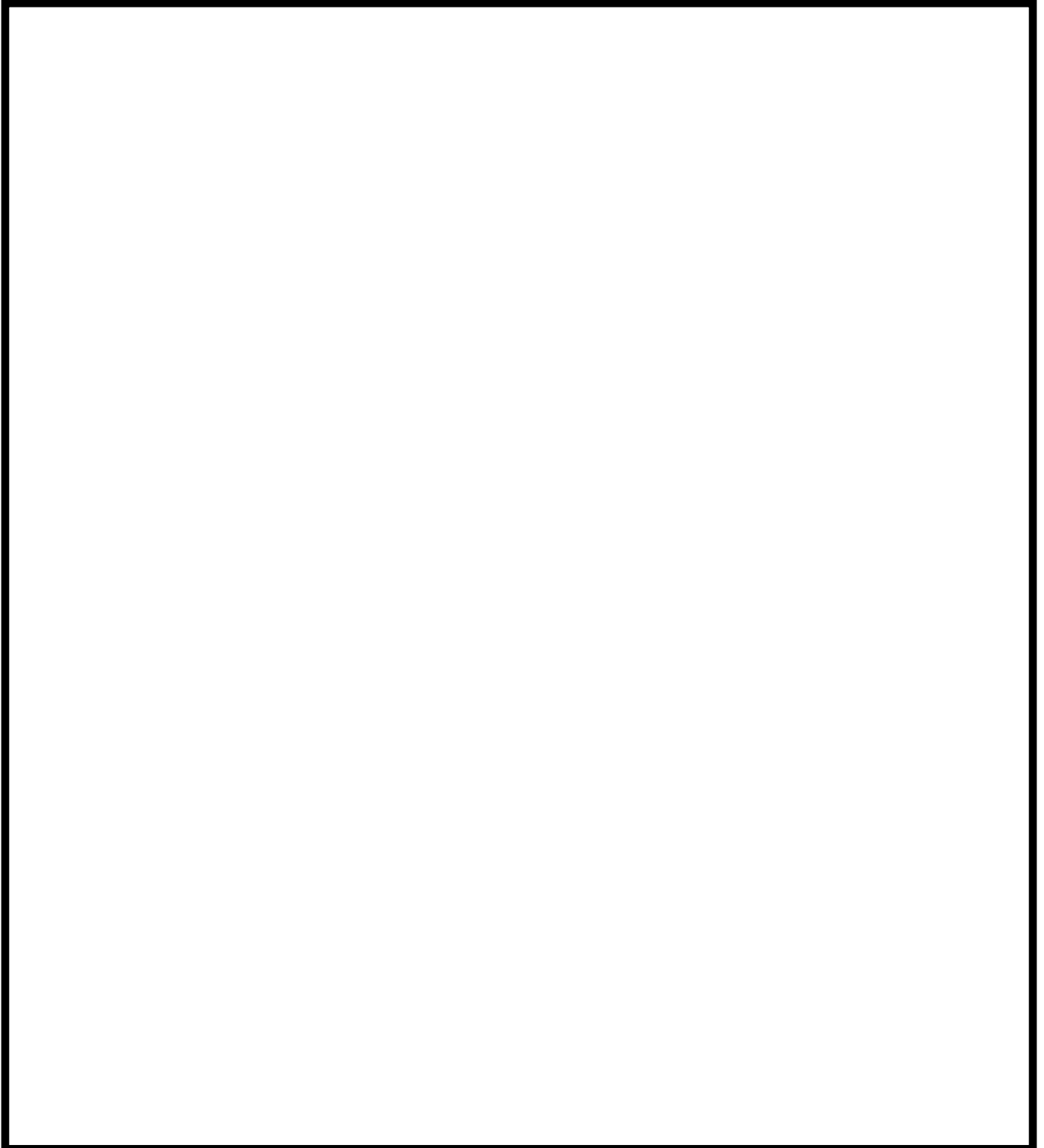
\_\_\_\_\_ Commercial/Industrial/Institutional Entrance

**Reason for Road Crossing / Entrance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sketch of Proposed Entrance or Site Plan:**

Include distance from road intersections, where applicable. If insufficient space, the drawings can be attached to the application as a separate sheet. Entrance location must be marked/staked prior to inspection.





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**ENTRANCE / CULVERT / ROAD CROSSING  
INSPECTIONS REPORT**

Entrance/Culvert Permit

Entrance Widening

Road Crossing

Address: \_\_\_\_\_

**Initial Site Inspection:**

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

**Final Site Inspection:**

Remarks / Violations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_