

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

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 regarding 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
Inspection Fee (non-refundable)	350.00	430.00
Damage Deposit	1,000.00	3,000.00
TOTAL	1,350.00	3,430.00

as per Fees and Charges By-law (as amended from time to time)

The undersigned applicant acknowledges and agrees that:

1. That he/she is the owner or authorized agent of the owner in this application.
2. Every applicant for a public works related permit shall make an application on forms provided by the Municipality.
3. I have read the terms and conditions contained in the attached Township of Mapleton Public Works Policy and I hereby agree to comply with them. I also understand that I may not commence any work on Township property until such time as I have paid the deposit and inspection fees and permission in writing by way of initial inspection has been granted by the Township of Mapleton.
4. The deposit monies shall be placed in trust with the municipality and shall only be refunded upon final disposition of the application, including any and all inspections and/or appeals related thereto;
5. The Township may disburse funds from time to time from the deposit monies, in the event that works are not carried out in a manner acceptable to the Township in order to remedy any deficiencies.
6. Any unused portion of said deposit shall be refunded after final inspection and approval by the Township of Mapleton.
7. The property owner is to ensure their contractor has a certificate of "Liability Insurance", current WSIB and Locates prior to doing the work. Control the traffic according to the "Ontario Traffic Manual" – Book 7
8. Applicant must obtain Utility Locates and approvals from all utilities (Bell, Hydro, etc.)
9. Applicant must provide applicable Conservation Authority approval if deemed necessary. (Grand River Conservation Authority or Maitland Valley Conservation Authority.)
10. According to Township Policy 8.1.4 General (h): No inspection and/or entrance installations shall take place during the period of November 1st to April 1st unless approved by the Director of Public Works or designate, if weather permitted.

The undersigned acknowledges that the submitted Entrance Permit or Road Crossing deposit monies remaining at completion of the project are to be returned to:

_____ as per _____

Print Name Signature

Mailing address for deposit return cheque: Witnessed by:

_____ Staff Member

FOR OFFICE USE ONLY:

Customer Code: _____
 Receipt #: _____
 Product Code(ENTR)

PERMIT # _____

**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: _____