



**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 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

**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.



PERMIT # 2023 - \_\_\_\_\_

	<b>Entrance / Culvert</b>	<b>Road Crossing</b>
Inspection Fee (non-refundable)	350.00	430.00
Damage Deposit	1,000.00	3,000.00
<b>TOTAL</b>	<b>1,350.00</b>	<b>3,430.00</b>

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 1<sup>st</sup> to April 1<sup>st</sup> 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)