



Come for a visit. Stay for a lifestyle.

Municipality of Trent Hills

66 Front Street South, P. O. Box 1030, Campbellford, ON K0L 1L0

Phone: (705) 653-1900 Fax: (705) 653-5904

EP# _____

APPLICATION FOR ENTRANCE PERMIT

I _____ OF _____ PHONE# _____
 (NAME, PLEASE PRINT) (ADDRESS)

HEREBY MAKE APPLICATION TO PUBLIC WORKS, ROADS DEPARTMENT TO ESTABLISH AND ENTRANCE ON THE _____
 (NORTH, SOUTH, EAST, WEST) SIDE OF _____ (MUNICIPAL ROAD NAME) THE REQUESTED
 ENTRANCE WILL BE LOCATED AT LOT # _____ CONCESSION _____ TOWNSHIP OF _____ OR
 PLAN # _____.

ATTACH A COPY OF THE LEGAL SURVEY OF THE PROPERTY WITH LOCATION OF REQUESTED ENTRANCE SKETCHED ON, AS WELL AS,
PLEASE PROVIDE ORANGE MARKERS. DETAILS OF OTHER PROMINENT LAND MARKS SO THAT POSITION CAN BE LOCATED IN THE
 FIELD. **ENTRANCE LOCATION MUST BE PLAINLY STAKED OUT BEFORE ANY APPROVAL/DENIAL WILL BE GIVEN.**

 STAFF SIGNATURE

 DATE

 SIGNATURE OF APPLICANT

OFFICE USE ONLY: INSPECTION REPORT

IS THIS ROAD RECENT CONST.	YES	NO	ENTRANCE LOCATION SATISFACTORY	YES	NO
MAINTAINED BY MUNICIPALITY	YES	NO	STAKE LOCATION SATISFACTORY	YES	NO
ROAD ALLOWANCE WIDTH _____ FT					

COULD ENTRANCE INTERFERE WITH FUTURE ROAD WIDENING AND/OR RECONSTRUCTION YES NO
 (IF YES DESCRIBE BELOW UNDER COMMENTS)

ENTRANCE CONTOUR:

GRADE _____
 FLAT _____
 VISIBILITY – NORTH _____ EAST _____
 SOUTH _____ WEST _____

ROAD CONTOUR AT:

FLAT _____
 HILLY _____
 CURVE _____
 DITCHING REQUIRED YES NO SIZE _____

NEW METAL CULVERT ONLY REQUIRED YES NO SIZE _____

COMMENTS REGARDING ENTRANCE:

I ESTIMATE THAT IT WILL REQUIRE _____ meters OF _____ mm DIAMETER PIPE (new c.p.s)

THIS APPLICATION IS APROVED ON THE UNDERSTANDING THAT ALL MUNICIPAL ZONING REGULATIONS/BY-LAWS ARE
 COMPLIED WITH. A DEPOSIT IT OF \$1,000.00 IS REQUIRED AND WILL BE REFUNDED UPON FINAL APPROVAL BY THE MUNICIPALITY
 OF TRENT HILLS.

FINAL APPROVAL

 INSPECTORS SIGNATURE

 MUNICIPALITY OF TRENT HILLS

 DATE

 DATE

FEE: \$100.00 _____ DEPOSIT FEE: \$1,000.00 _____ CHEQUE REQUISITION: _____