



**TOWNSHIP OF WAINFLEET**  
31940 Highway 3, P.O. Box 40, Wainfleet, ON LOS 1Y0  
Phone (905) 899-3022 Fax (905) 899-2642

### Application for Entrance Permit

**APPLICATION IS HEREBY MADE TO:**

**Entrance Permit Number:**

- |  |       |   |
|--|-------|---|
| <input type="checkbox"/> Construct an unpaved entrance           | for a | <input type="checkbox"/> residential access |
| <input type="checkbox"/> Construct a paved entrance              | for a | <input type="checkbox"/> farming access     |
| <input type="checkbox"/> Alter an existing entrance              |       |   |
| <input type="checkbox"/> Change location of an existing entrance |       |   |

Use an existing entrance for other than its original use (change of classification from farm to residential, etc.)

**DESCRIPTION AND LOCATION OF PROPERTY:**

Property Owner:

Address:

Entrance requested along:

Township Road name and number:

Location of Entrance (complete description):

**CLASSIFICATION, USE, PURPOSE & DETAIL OF ENTRANCE:**

(This section to be completed by the Township of Wainfleet staff only)

- |                      |                                      |                                  |  |
|----------------------|--------------------------------------|----------------------------------|--|
| Access Required for: | <input type="checkbox"/> Residential | <input type="checkbox"/> Farming | <input type="checkbox"/> Commercial        |
| No. of Entrance(s):  | <input type="checkbox"/> One         | <input type="checkbox"/> Two     | <input type="checkbox"/> More (specify)___ |

Length of Culvert(s) (minimum 30ft or 9 metres):

Diameter of Culvert(s):

Type of Culvert (s):

Depth of Cover:

Material Proposed for Entrance:

Approximate distance approaching traffic is visible from the point of entry to the roadway:

From the Right \_\_\_\_\_ From the Left \_\_\_\_\_

Indicate which, if any, of the following will be affected:

- |  |   |                               |                                     |
|--|---|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Road Drainage | <input type="checkbox"/> Trees, shrubs, plantings | <input type="checkbox"/> Sign | <input type="checkbox"/> Guard Rail |
|--|---|-------------------------------|-------------------------------------|

Dated:

Name & Signature of Township Representative:

**THIS SECTION TO BE COMPLETED BY APPLICANT BEFORE PERMIT IS ISSUED:**

Signature of Applicant or Representative:

Name of Firm, if any:

Mailing Address:

Phone: