

**APPLICATION FOR THE CONSTRUCTION OR MODIFICATION OF A ROAD ENTRANCE**

Owner :					
Address :					
Phone Number(s) :		E-Mail:			
Agent/Contractor : <i>To be completed following initial inspection</i>					
Address :					
Phone Number(s) :					
Classification of Entrance:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Institutional
	<input type="checkbox"/> New Entrance	<input type="checkbox"/> Temporary Entrance	<input type="checkbox"/> Replacement	<input type="checkbox"/> Modification to Existing Entrance	
Property Roll Number:					
Location of Proposed Entrance:	Lot #:		Concession/Plan #:		Former Township:
Civic Address of Property : <i>(if different than Owner address)</i>					
Length of culvert requested <i>(minimum 6m to maximum 12m)</i>					

Provide a sketch below of location of proposed entrance. Show entrance proximity to property lines, other entrances, indicate closest cross road (distance to entrance).



It is understood that all work will be constructed and/or altered at the expense of the undersigned. Work must not begin before a permit has been issued by the Municipality of West Nipissing and I am responsible to contact the Municipality for all inspections required hereunder. I hereby acknowledge that I (as owner and/or applicant) am responsible for any damages, direct or consequential, arising from any work authorized by the application and agree to indemnify and save harmless the Municipality of West Nipissing from any and all losses, costs or damages in connection with the work being performed.

Signature (Owner):	Date:
Signature (Agent / Contractor):	Date:

**OFFICE USE ONLY**

Fees:	Receipt #:	Property Roll Number:
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**APPLICATION/INSPECTION(S)**

Road Damage/Non-Completion Deposit:	Signature:	Date:
<b>\$1,000.00</b>		
Deposit Returned:	Signature:	Date:
<b>\$</b> _____		

APPLICATION #:

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**PLANNING DEPARTMENT COMMENTS:**

Property Zoning:

Reason for Entrance is a permitted use:

 YES NO

Additional Comments:

**INITIAL INSPECTION** (Monday to Thursday 7:30 am to 3:00 pm) Call 705-753-0952 or email operations@westnipissing.ca

Date:

Name of Inspector:

Site Distance:

(1)

Direction:

Measured:

(2)

Direction:

Measured:

**SITE DISTANCE COMMENTS:****SIGNAGE REQUIRED:**  Yes  No**CULVERT:**Grade:  Match existing  
 Stake Set

Diameter:

Depth of Cover:

Length:

Type:

Gauge:

Coupler:

Ditching Required: (Describe nature of drainage improvements required including length, depth, etc.)

Restoration Required:

Other Requirements:

 Approved Not ApprovedReason not approved:  
(if applicable)

Signature Manager of Public Works/Designate:

Date:

**INSPECTION #2 – PRIOR TO BACKFILLING** (Monday to Thursday 7:30 am to 3:00 pm) Call 705-753-0952 or email operations@westnipissing.ca

Date:

Contractor Details:

Name, Address, Phone No.

**CULVERT:** Bedding Compaction to Springline Grade Coupler**NOTES & COMMENTS:**

Signature Manager of Public Works/Designate::

Date:

**FINAL INSPECTION** (Monday to Thursday 7:30 am to 3:00 pm) Call 705-753-0952 or email operations@westnipissing.ca Rip-Rap Filter-Cloth

Condition of pipe :

 Good Fair Coupler**NOTES & COMMENTS:**

Signature Manager of Public Works/Designate:

Date: