


Application for the Construction or Modification of a Road Entrance

* **Required** fields are marked with an asterisk

Property Owner *					
Mailing Address *					
Phone Number(s) *		E-Mail			
Agent/Contractor	<i>Can be added following the initial inspection</i>				
Agent/Contractor Address					
Agent/Contractor Contact Info					
Classification of Entrance <i>select all that apply</i>	<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	<input type="checkbox"/> Replacement	<input type="checkbox"/> Modification to Existing	
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>					
Is this request related to a building permit application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No		Permit No.		
	Does it conform with your building plans?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description <i>You may include more details indicating entrance proximity to property lines, other entrances, closest cross road (distance to entrance). You may also include a sketch here or attach it separately.</i>					

Agreement - Terms and Conditions

It is understood that all work will be constructed and/or altered at the expense of the owner/applicant. 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. 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.

<input type="checkbox"/> I agree with the terms and conditions. *	Applicant Name *	
<input type="checkbox"/> I (owner/applicant) give the contractor/agent listed above the right to follow-up with this application and related construction/modification.	Date *	

Instructions

To submit an application or to schedule an inspection, please contact the Operations team.	Email	operations@westnipissing.ca
	Phone	705-753-0952
	Address	225 Holditch Street, Suite 101, Sturgeon Falls, ON P2B 1T1

Office Use Only

Fees	<input type="checkbox"/> \$500 Industrial · Commercial · Institutional		<input type="checkbox"/> \$300 Residential · Agricultural	
Security Deposit <i>Refundable after final approval</i>	\$1,000 for Road Damage or Non-Completion			
Property Zoning		Reason for Entrance is a permitted use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Related to Municipal drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of related drain(s)		