



**THE CORPORATION OF THE TOWNSHIP OF LAKE OF BAYS  
APPLICATION FOR ENTRANCEWAY**



**GENERAL CONDITIONS**

1. One 2"x4" wooden stake bearing Applicant's name shall be firmly placed in the center line of the proposed location within 24 hours of this application. Entranceway must be located 10 feet in from adjoining property line.
2. All entranceway applications to be accompanied by a payment of \$600.00 minimum. (\$100.00) to be retained by the Municipality as a permit fee, \$500.00 performance bond will be retained by the Municipality until final inspection is completed.
3. Ministry of Transportation and Communications, at the time of installation require; new culvert pipe, made from corrugated steel piping or polyethylene (inside) smooth wall (e.g. Boss 2000), must be a minimum of 15 inches in diameter, 20 feet in length, covered with a minimum 6 inches of crushed gravel, at 10% maximum slope from the edge of the road.
4. No concrete surface shall be placed within the road allowance.
5. It is the property owner's responsibility to contact The Public Works Department for final inspection. If no final inspection has been made after a one-year period, the *municipality will retain* the performance bond. Call Public Works at 1-877-566-0005 or 705-635-2851.

**THIS SECTION TO BE COMPLETED BY APPLICANT**

**PROPERTY OWNERS NAME:**

**ADDRESS:**

**POSTAL CODE:**

**TELEPHONE:**

**CONTRACTORS NAME**

**TELEPHONE #**

**FAX #**

**PROPERTY ROLL NUMBER:**

**LOCATION OF PROPOSED ENTRANCEWAY: LOT:**

**CONCESSION:**

**WARD:**

**MUNICIPAL ROAD NAME:**

**LOCATION DESCRIPTION (ATTACH SKETCH IF AVAILABLE)**

**DATE:**

**SIGNATURE:**

**PERMIT APPROVAL**

**To be completed by the Township of Lake of Bays before construction.**

**Office Use Only**

<b>Received by:</b>		<b>Date Received:</b>	
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	<b>Amount:</b>	
01-1-300000-14010	(\$100.00)	01-4-041000-41020	(\$500.00)
# 36	\$ _____	# 7	\$ _____

RECEIPT ISSUED(Date) \_\_\_\_\_ Mail \_\_\_\_\_ Hand Delivered \_\_\_\_\_

LOCATION INSPECTED BY \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CULVERT REQUIRED: YES  NO  SIZE OF CULVERT \_\_\_\_\_

REMARKS/INSTRUCTIONS TO APPLICANT:

MAILING DATE:

**INSTALLATION APPROVAL**

**To be completed by the Township of Lake of Bays following completion  
(Applicant to arrange for final inspection through Public Works Office)**

APPROVED: YES  NO  DATE: \_\_\_\_\_

DEFICIENCIES (IF APPLICABLE)

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR OF PUBLIC WORKS OR DESIGNATE

COPY TO: APPLICANT  TREASURY DEPARTMENT  DIRECTOR OF PUBLIC WORKS

PERFORMANCE BOND REFUND \$ \_\_\_\_\_ DATE \_\_\_\_\_