



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

GENERAL CONDITIONS

1. All entranceway applications are to be accompanied by a payment of \$700.00. Minimum \$200.00 to be retained by the Municipality as a permit fee, \$500.00 performance bond will be retained by the Municipality until final inspections is completed.
2. All Applicants shall submit with the application a sketch showing the location of the proposed entrance.
3. 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 a minimum of 10 feet from adjoining property line.
4. If a new culvert is determined to be required it shall be a new culvert made from polyethylene smooth wall (e.g. Boss 2000), must be a minimum of 12 inches diameter, 20 feet in length, covered with a minimum of 6 inches of crushed gravel.
5. All entrances shall have no more than a 10% maximum slope where they cross the Road Allowance.
6. The Township shall be notified before any paving or changes are made to the agreed entrance.
7. No concrete surface shall be placed within the road allowance.
8. **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 (from the date of application), the Municipality will retain the performance bond.** Call Public Works at 705-635-2851.

THIS SECTION TO BE COMPLETED BY APPLICANT	
PROPERTY OWNERS NAME	
ADDRESS	
POSTAL CODE	TELEPHONE:
EMAIL ADDRESS	
CONTRACTORS NAME	
TELEPHONE #	FAX #
PROPERTY THAT IS REQUESTING THE ENTRANCE	
PROPERTY ROLL NUMBER	
LOCATION OF PROPOSED ENTRANCEWAY LOT:	CONCESSION:
WARD:	MUNICIPAL ROAD NAME:
SKETCH OR COPY OF SURVEY ATTACHED (Mandatory)	<input type="checkbox"/>
DATE	SIGNATURE

PERMIT APPROVAL

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

Office Use Only

Received by:	Date Received:
Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	Amount:
01-1-300000-14010 (\$200.00) \$ _____	01-4-041000-41020 (\$500.00) \$ _____

RECEIPT ISSUED (Date) _____ Mail _____ Hand Delivered _____ Email _____

LOCATION INSPECTED BY _____

DATE _____ SIGNATURE _____

CULVERT REQUIRED: YES NO SIZE OF CULVERT _____

REMARKS/INSTRUCTIONS TO APPLICANT _____

APPROVED PERMIT MAILED DATE _____

Township Circulation Building Clerks Planning Received

INSTALLATION APPROVAL

(Applicant to arrange for final inspection through Public Works Office)

APPROVED YES NO DATE _____

DEFICIENCIES (IF APPLICABLE) _____

INSPECTED BY _____ DATE _____

COPY TO Accounts Payable Date _____

PERFORMANCE BOND REFUND \$ _____ DATE _____