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City of Kawartha Lakes

Application for the Co	nstruction or Modification of a R	oad Entrance
Owner		
Address		
Phone Number(s)		
The Owner may appoint an Agent/Contractor. behalf of the owner, be issued to the Agent/Co	• •	n from the owner, to Act on
Agent/Contractor		
Address		
Phone Number(s)		
Classification of Entrance: Residential	☐ Commercial ☐ Industrial ☐ A	Agricultural ☐ Field
New Entrance? ☐Yes ☐No Modificat	ion to Existing Entrance? □Yes □No	
Property Roll Number:		
Location of Proposed Entrance		
Lot # Concession #	Former Municipality	
Civic Address:		
Provide a sketch below of location of proposed indicate closest cross road (distance to entrance)		erty lines, other entrances,
		N 1
It is understood that all works will be construct before a permit has been issued by the City of responsible for any damages, direct or conseq directly by the Owner or his/her Contractor, en of Kawartha Lakes from any and all losses, cost	Kawartha Lakes. I hereby acknowledge that I (uential, arising from any work authorized by the mployee, agent or otherwise and agree to inde	as owner and/or applicant) am e application whether performed mnify and save harmless the City
Signature (owner)	Date	
Signature (Agent/Contractor)	Date	
Office Use Only:		
Fees: \$ Receip Application/Inspection(s)	ot # Property Roll Number	
\$	Public Works Signature	Date
\$ Deposit Returned	Public Works Signature	 Date

BUILDING DEPARTMENT	COMMENTS						
Property Zoning: Reason for Entrance is a permitted use: Yes No							
		n Authority (Environmentally Protected Area): Yes	□ No				
	e from Conservation Authority	Provided: Li Yes Li No					
INITIAL INSPECTION							
INITIAL INSPECTION							
Date:	Location:	Application #					
Site Distance:	1						
	Direction 2	Measured					
Sita Distance Common	Direction	Measured					
Site Distance Comment	15.						
Signaga Daguirad							
Signage Required: □_							
CULVERT: Require	d □ Not Required	Diameter					
Length	_ Type	GageCoupler	_				
Ditching Required (Des	cribe nature of drainage impro	vements required including length, depth, etc.)					
Restoration Required:							
Other Requirements:							
☐ Approved ☐	• •						
Reason Not Approved, if applicable:							
			-				
Signature:	Signature: Date:						
INSPECTION # 2							
Date:	Location:	Application #	-				
Contractor's Name, Ad	dress, Phone #:						
Insurance Certificate R	eceived: Yes Details	s:					
CULVERT: Diameter	Length	Type Gauge Coupler					
Notes & Comments:							
Jignature.		Date:					
FINAL INSPECTION							
Notes & Comments:							
Signature		Date:					
Jignature.		Dutc					