

## Application for Entrance Culvert, Extension to Existing Culvert or Curb Cut

|  |   |                             |  |
|--|---|-----------------------------|--|
| <b>For use by Township</b>   |   | <b>Permit Number:</b> _____ |  |
| Date Received:   | <input type="checkbox"/> New Culvert <input type="checkbox"/> Extension to Culvert<br><input type="checkbox"/> Curb Cut |                             |  |
| Amount Received:   | Receipt Number: _____   |                             |  |
| Approved by: _____   |   | Date Installed: _____       |  |
| If culvert is NOT required, print refund amount:\$ _____ and cheque number _____ |   |                             |  |

|                                     |                   |                                      |
|-------------------------------------|-------------------|--------------------------------------|
| <b>A. Project Information</b>       |                   |                                      |
| Street Address: _____               |                   | Side of Road: _____                  |
| Lot: _____                          | Concession: _____ | Plan number/other description: _____ |
| Approximate Date Required: _____    |                   |                                      |
| Project Description/Comments: _____ |                   |                                      |

|                        |                                 |
|------------------------|---------------------------------|
| <b>B. Project Cost</b> |                                 |
| Application Fee: _____ | Application Fee: _____          |
| Culvert Fee: _____     | Curb Cut metres required: _____ |
| Total: _____           | Curb Cut Fee: _____             |
| Total: _____           |                                 |

\* Different size diameter as determined by the Operations Manager for increased water flow

|   |             |                            |             |
|---|-------------|----------------------------|-------------|
| <b>C. Applicant</b>   |             |                            |             |
| Applicant is: <input type="checkbox"/> Owner    or <input type="checkbox"/> Authorized agent of owner |             |                            |             |
| Last name   | First name  | Corporation or partnership |             |
| Street address  |             | Unit number                | Lot/con.    |
| Municipality  | Postal code | Province                   | E-mail      |
| Telephone number  | Fax         |                            | Cell number |

|   |             |                            |             |
|---|-------------|----------------------------|-------------|
| <b>D. Owner (if different from applicant)</b> |             |                            |             |
| Last name                                     | First name  | Corporation or partnership |             |
| Street address                                |             | Unit number                | Lot/con.    |
| Municipality                                  | Postal code | Province                   | E-mail      |
| Telephone number                              | Fax         |                            | Cell number |

|   |                              |
|---|------------------------------|
| <b>E. Declaration of applicant</b>  |                              |
| I _____ certify that:   |                              |
| (print name)  |                              |
| 1. The information contained in this application and other attached documentation is true to the best of my knowledge;<br>2. I have the authority to bind the corporation or partnership (if applicable). |                              |
| _____ Date  | _____ Signature of applicant |
| White - Applicant    Canary - Works Depot    Pink - Works File    Green - Building Inspector  |                              |