THE UNITED COUNTIES OF LEEDS AND GRENVILLE

REQUEST FOR ENTRANCEWAY PERMIT

Date: _____

Name: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Reason for entranceway request (please attach additional notes/sketches if there is not enough room for remarks): _____

_____

Is the new entranceway related to any new building/severance for property? If yes, attach planning application / documents: Yes ☐ No ☐

County Road Number:		Civic Address:
Lot:	Concession:	Municipality: Select
Location Property Description:		
Longitude/Latitude:		
Residential ☐ Commercial ☐ Field ☐ Other ☐		
Property Zoned as:		

Entrance Way Requirements - Width – Normal (Residential): _____

Or Wider (State Width): _____

I hereby confirm that I am aware of the conditions of the granting of this permit for the entranceway as set out in By-Law No. 24-47 and agree to abide by these terms and any specific conditions of approval.

I hereby agree to pay the total cost of the proposed entranceway and will submit the required fee when requested to do so.

I hereby acknowledge that an entranceway approval does not indicate that a land severance will be granted.

Signed: _____

OFFICE USE ONLY

Estimated Cost: $ _____

Payment of Fee: $ _____ Received by: _____