



ENTRANCE PERMIT APPLICATION FORM

Town Use Only
PERMIT NUMBER

SAP

Fee: \$200.00 (Cash, cheque, debit) As per By-Law NO.2017-0025 (AD-5), Fees and Charges.

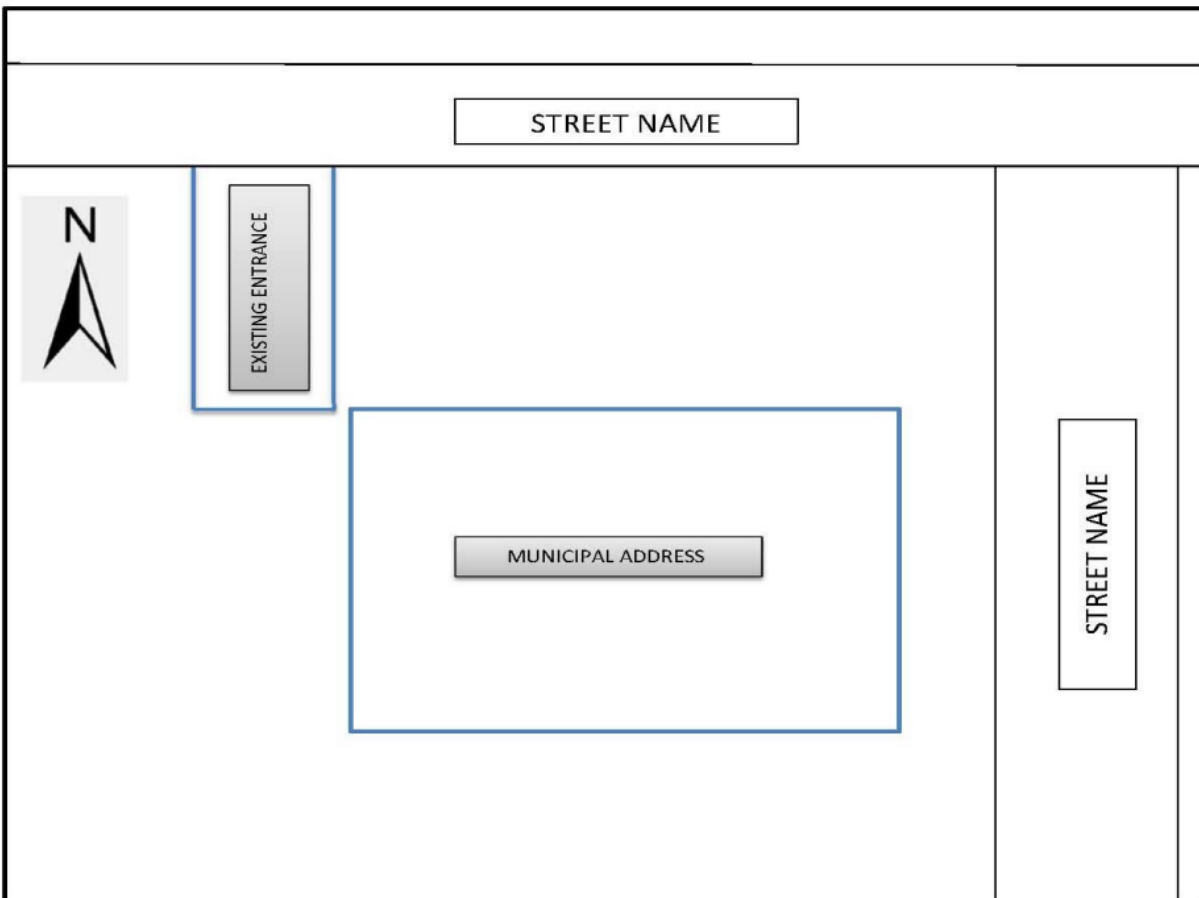
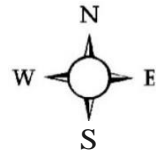
**** Please note: Road Occupancy Permit (ROP) is required by the contractor (4) weeks prior to installation**

NOT APPLICABLE FOR PRIVATE/UNASSUMED/REGIONAL ROADS

Application Date:	Roll Number:
PROPERTY OWNER INFORMATION	CONTRACTOR/AGENT
Property Owner Name:	Applicant Name/Contractor:
Mailing Address:	Mailing Address:
Email:	Email:
Phone:	Phone:
Cell:	Cell:
<p>CONTRACTOR REQUIRED: The Town of Georgina requires the use of a suitable contractor for replacement works. The Town of Georgina reserves the right to reject unsuitable contractors.</p>	
PERMIT INFORMATION	
Application is for a: <input type="checkbox"/> RESIDENTIAL ENTRANCE <input type="checkbox"/> COMMERCIAL ENTRANCE	
<input type="checkbox"/> Construct a Paved Entrance <input type="checkbox"/> Widening Existing Entrance <input type="checkbox"/> Change the Design of Existing Entrance <input type="checkbox"/> Relocate Existing Entrance <input type="checkbox"/> Utilizing an Existing Entrance <input type="checkbox"/> Construct a Temporary Entrance <input type="checkbox"/> Construct an Unpaved Entrance (Expires: _____)	
CURB CUTTING	
<input type="checkbox"/> Curb Cutting: _____ meters (<i>The contractor shall make use of a self-propelled curb cutting machine, OPSD 0600.040 or OPSD 600.060 or OPSD 0600.070</i>) The applicant has proposed a driveway widening, new, relocated or temporary entrance.	
<input type="checkbox"/> Curb Replacement: _____ meters (<i>The contractor shall ensure that the sub drain if applicable remains connected OPSD 0600.040 or OPSD 600.060 or OPSD 0600.070 to match existing</i>) The applicant has proposed driveway modifications that requires curb to be replaced.	
LOCATION/ ACTIVITY INFORMATION	
LOCATION OF PROPERTY	
Municipal Address: _____	
Lot: _____ Plan: _____ Pt Lot: _____ Concession: _____	
ADDITIONAL COMMENTS:	

DRAWING/SKETCH (INCLUDING ANY MEASUREMENTS)

PLEASE INCLUDE A DRAWING INDICATING PROPERTY LOCATION AND WHERE PROPOSED ENTRANCE IS TO BE LOCATED (DRAWING REQUIREMENTS EXAMPLE BELOW). **MARK PROPOSED LOCATION OF ENTRANCE AS WELL AS NEIGHBOURING LOT LINES WITH STAKES FOR INITIAL INSPECTION.**



ATTACHMENTS

Information Package

Site Drawings

It is understood that all works will be constructed, widened, altered, relocated, maintained or operated at the expense of the undersigned, and that work ***must not*** begin before a permit has been issued by the Town and a **Road Occupancy Permit (ROP)** obtained by the contractor. The issue of a permit by the Town does not relieve the holder of the responsibility of complying with relevant municipal by-laws. In consideration of any permit issued in respect to this application, I/we the Applicant/s for ourselves our heirs, executors, administrators, successors and assigns hereby agree to conserve, keep and perform and be subject to the regulations and conditions of the said permit and to indemnify and save harmless, the Town of Georgina against all loss, cost, charges, damages, expenses, claims, and demands whatsoever to which the Town of Georgina may suffer or sustain or for which the Town of Georgina may be liable by reason of anything done in the construction, maintenance, alteration or operation of the works authorized.

DECLARATION: This approval is issued under the authority of the Town of Georgina *By-law 2004-0078 (PWO-2), 2017-0024 (PWO-2)* and the regulations pursuant thereto and is subject to the attached conditions.

**PHOTOS OF EACH STEP OF THE INSTALLATION OF THE CURB REPLACEMENT/CULVERT (BASE, BACKFILL TO THE TOP OF CULVERT AND FINAL GRAVEL) ARE REQUIRED TO BE SUBMITTED TO THE TOWN PRIOR TO FINAL INSPECTION. IT IS YOUR RESPONSIBILITY TO CONTACT THE TOWN FOR A FINAL INSPECTION.
ENTRANCES MUST BE A MINIMUM OF (3) FEET AWAY FROM PROPERTY LINE.**

PLEASE ALLOW APPROXIMATELY 8-10 BUSINESS DAYS FOR PERMIT APPROVAL

Signature of Applicant:	Date:
Signature of Property Owner:	Date:
Customer Service Rep.:	Date Entered:
Receipt Number (copy attached):	Date:

TOWN OF GEORGINA – ENTRANCE PERMIT CONDITIONS (Completed by the Town)

Roads Division:		Date:
Water/Wastewater Division:		Date:
Comments:	(for curb) Taper to match existing ____ cm. Is sidewalk work required (y / n)	

CULVERT REQUIREMENTS – MUST BE HDPE (See Spec Sheet in Information Package)

DIAMETER	LENGTH	GAUGE