

## PO Box 640, 11 Hudson Street Blind River, Ontario, P0R 1B0

Tel.: 705-356-2251 Fax: 705-356-7343

## **Application For Entrance and/or Ditch Enclosure Permit**

Owner's Name & Mailing Address	Legal Description of Property								
	Township:								
	Conc.: Lot:								
E-mail:	Parcel:								
Tel./FAX:	Roll No.: 57-38-000-								
Application is hereby made to:									
Construct an Unpaved entrance P	aved entrance Pave an existing entrance								
Construct curbs, gutters or other permanent works r	elated to an entrance								
Change the design of an existing entrance	Relocation of an existing entrance								
Use an existing entrance for other than its original, presidential to commercial, etc.	present or normal use; change the classification from								
Construct a temporary entrance or use any part of the from a property.	ne right-of-way as a means of temporary access to and								
	CATION OF PROPERTY								
On the side of approx.	kilometres from								
CLASSIFICATION, USE, PURPO	SE AND DETAIL OF ENTRANCE								
Access required for:									
No. of entrances: Width of entrance (s): M	etres/feet Proposed Material:								
Length and Size of culvert:N	Ietres/feet Sketch attached on page 2								
Approximate distance approaching traffic is visible from From the right: Metres/feet									
Indicate which if any of the Following will be affectedImage: trees, planting hwy. sign	ngs, shrubs guide rail other								
TO BE COMPLETED BY TOWN OF BLIND RIVER STAFF									
Application Status: Approved	Fee:								
Permit No. Assigned:									
Designated Municipal Official:	Date:								

## SKETCH OF PROPOSED ENTRANCE LOCATION

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