

By-Law #36-2016
Schedule "A"

TOWNSHIP OF ARMOUR ACCESS PERMIT

OWNER

Name: _____ Signature: _____

Address: _____

City, Village, Town: _____ Province: _____

Postal Code: _____ Telephone: _____

Email: _____

APPLICANT

Name: _____

Address: _____

City, Village, Town: _____ Province: _____

Postal Code: _____ Telephone: _____

LOCATION

Roll No.: _____

Lot No.: _____ Conc. No.: _____ Plan No.: _____ Sub Lot: _____

Is this property subject to Site Plan Control? _____

Road Name/Civic Address: _____

Driveway: First: _____ Second: _____

Driveway Surface: Gravel: _____ Paved: _____ Other: _____

Location will be marked by – Date: _____ Marked with: _____

To be Completed by the Office

Administration Fee Received – Date: _____

Refundable Deposit Received – Date: _____

Culvert Required: No: _____ Yes: _____ Diameter: _____ Type: _____

Approved for installation: _____ Signature of Road Supervisor: _____

Final inspection
of installation – Date: _____ Signature of Road Supervisor _____

Refund Deposit – Date: _____ Signature of Office Personnel: _____

Note: All entrances are required to be a minimum of 6 metres (20 ft.) in width