



Infrastructure Services – Public Works Department  
 99A Advance Avenue, Napanee, Ontario, K7R 3Y5  
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## Application for Driveway Entrance Permit

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|---|--|
| <b>Entrance Fee:</b> \$225.00   | <b>Date Paid:</b> _____                              |
| <b>Application Number:</b> _____  |  |
| <b>Proposed Work:</b> <input type="checkbox"/> New Driveway <input type="checkbox"/> Replacement of Existing Driveway <input type="checkbox"/> Other _____<br>_____ Total Number of Driveways   |  |
| <b>Type of Approach:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Recreational <input type="checkbox"/> Agriculture <input type="checkbox"/> Secondary Access<br>_____ Site Plan Control Number (If applicable) |  |
| <b>New Curb Cut:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      Width Requested: _____   |  |
| <b>Culvert/Ditch Fill:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                      Proposed Size: _____   |  |
| <b>Diameter of Adjacent Culvert:</b> Size Upstream: _____    Size Downstream: _____   |  |
| <b>Do you have a minimum of 1.2 metres from your proposed culvert edge to your property line?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b><u>Confidential Information</u></b>  |  |
| <b>Name of Applicant:</b> <input type="checkbox"/> Same as Owner  | <b>Name of Owner/Agent (as shown on Deed):</b> _____ |
| <b>Home Number:</b> _____   | <b>Home Number:</b> _____                            |
| <b>Cell Number:</b> _____   | <b>Cell Number:</b> _____                            |
| <b>Work Number:</b> _____   | <b>Work Number:</b> _____                            |
| <b>Email:</b> _____   | <b>Email:</b> _____                                  |
| <b>Address:</b> _____<br>_____  | <b>Address:</b> _____<br>_____                       |
| <b>Postal Code:</b> _____   | <b>Postal Code:</b> _____                            |

**Note: Work must not begin until this application has been approved.**

**Location of Proposed Entrance**

Civic Road Number: \_\_\_\_\_ Side of Road:     North     South     East     West  
Road Name: \_\_\_\_\_  
Assessment Roll Number: \_\_\_\_\_     Imagery Attached

**Staking the Proposed Entrance Location**

The Municipality requires that you stake the proposed entranceway location. Please indicate the date that the entranceway will be staked.

Date: \_\_\_\_\_

**Applicant/Agent/Owner Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Department Inspector Use Only**

Date of prework field inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_  
 Director     Manager     Lead Hand

New Civic Number Required:     Yes     No

Culvert Needed:     Yes     No    Culvert Size: Length: \_\_\_\_\_ Metres    Diameter: \_\_\_\_\_ Millimetres

Curb cut Needed:     Yes     No    Width Needed: \_\_\_\_\_

Details of Inspection: Sight Line: \_\_\_\_\_ Metres    Road Speed: \_\_\_\_\_ km    Curb: \_\_\_\_\_ Metres

Road Frontage Area: \_\_\_\_\_    Ditch Depth: \_\_\_\_\_ Metres

Other Comments: \_\_\_\_\_

Entrance Permit:     Approved     Denied    this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Authorized Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of post work inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_  
 Director     Manager     Lead Hand

Satisfactory     Fail    this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Comments: \_\_\_\_\_

Authorized Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With approval of the Entrance Permit, the applicant will be responsible for the full installation cost and the owner/applicant agrees that the work will be carried out under the current versions of the Ontario Health & Safety Act, Ontario Traffic Manual and Township Policy & Procedures.