



1 Main St. W., Athens ON K0E 1B0
613-924-2044
athenstownship.ca

APPLICATION FOR AN ENTRANCE PERMIT

NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____

LOCATION OF PROPOSED ENTRANCE

ROLL NO. _____

CIVIC NO. _____

ROAD NAME: _____

LOT: _____ CONCESSION: _____

LOCATION DESCRIPTION: _____

All proposed entrances must be staked/marked.

RESIDENTIAL ENTRANCE _____

COMMERCIAL ENTRANCE _____

I hereby confirm that I am aware of the conditions of the granting of this permit.

I hereby agree to pay the total cost of the proposed entrance and will submit the required fee according to Township of Athens Fees By-law.

Applicant's Signature

*****TO BE COMPLETED BY THE TOWNSHIP*****

Road Superintendent Name: _____

Entrance Recommended: Yes _____ No _____

Culvert Required: Yes _____ No _____

Remarks: _____

Entrance Approved by: _____ Fee paid: _____

Fee Received by: _____ Date: _____