

## "A Place For All Seasons"

Tel: (613) 332-3331 Fax: (613) 332-0384 info@bancroft.ca www.bancroft.ca

8 Hastings Heritage Way, P. O. Box 790, Bancroft, Ontario KOL 1CO

## **APPLICATION FOR ENTRANCE PERMIT**

Da	ate of Application		<del></del>
Name of Applicant			
Address			
Audicos			
Telephone/Cell		Fax	
LOCATION OF REQUIRED EN	<u> </u>		
Civic Address			
Lot Number	Concession	Number	
Plan Number			
Access required for: (Commercial / Residential / Other)			
This entrance permit is approved subject to the following conditions:			
FEE SCHEDULE			
Deposit (refundable upon approval) \$100.00 Entrance Permit Only (no culvert required) \$300.00 HST on permit cost. \$39.00			
I, the undersigned, hereby mal location designated, subject to		\$439.00 OF BANCROFT to have t	the above entrance at the
1. The Applicant MUST place sta agrees that the location and culv representative.			
2. If the location for the entrance pay all additional costs.	requires detailed ditching, roc	ck removal or excessive fill	, the applicant hereby agrees to
3. The Town of Bancroft will maintain the ditch and culvert for water flow at the Towns cost, after installation and final inspection.			
4. The applicant agrees that the Town of Bancroft may enter the property at any time for the purposes of ditch and culvert maintenance.			
NOTE: Please direct inquires to the Manager of Public Works at (613) 332-7060			
Date	A	pplicant's Signature	_
Inspection Date			
Authorization for refund of \$100.00: Manager of Public Works			