



Town of Erin
Roads Department
roads@erin.ca

5684 Trafalgar Road, RR#2
Hillsburgh, ON N0B 1Z0
Phone: 519-855-4407 Ext 262

Permit No.: _____

ENTRANCE - CULVERT APPLICATION / PERMIT

OWNER/APPLICANT Name: _____
 Address: _____
 Phone No: _____ Cell No: _____
 Email: _____

ENTRANCE LOCATION Road Name: _____ Roll No: _____
 At/Between: _____ Legal Description: _____
Installation per Town of Erin By-law #10-47 Closest Green No. & Road _____
 Location Staked: Y _____ N _____ Severance # _____
 Owner's Authorization Req'd: Y/N _____ Rec'd _____

****A sketch or drawing must be included with this application showing the location and size of the property. Show proposed location of the entrance and distance from property lines. Stake the location of the entrance.**

Applicant's Signature: _____ Date: _____

Permit Fee: \$ _____ Date: _____
 Deposit: \$ _____ Payment Method: Cash____ Cheque____ Debit____ Credit____
 TOTAL: \$ _____ Received By: _____

FOR TOWN OF ERIN USE ONLY:

Entrance measurement to property line: _____
 Civic # Requested: _____ Civic # Issued: _____
 DATE: _____

Location inspection request to Roads Dept: _____

ENTRANCE REQUIREMENTS

Location Acceptable: Y _____ N _____
 Culvert Required: Y _____ N _____ Culvert Size: Length _____ Diameter _____
 Location Approved By: _____ Date: _____
 Owner Advised: _____
 Special Conditions: _____

DEPOSIT RETURN APPROVAL

Final Inspection request to Roads Dept: _____
 Installation Approved By: _____ Date: _____
 Deposit Return Request to Treasury: _____