



### PRE-SEVERANCE CONSULTATION REQUEST FOR ENTRANCEWAY

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Civic Address:	Roll Number:	
County Road Number:	Lot:	Conc:
Municipality:		
Proposed Use:	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/> Field <input type="checkbox"/> Other <input type="checkbox"/>
Location Property Description if no Civic Address:		
Property Currently Zoned as:		
<input type="checkbox"/>	Location map attached (google map with satellite view)	
<input type="checkbox"/>	Sketch including severed and retained lands with dimensions	

**A fee of \$150.00 must be paid prior to pre-severance inspection. An entranceway inspection request will not take place unless the fee has been paid.**

- ❖ **This permit is only valid for six months from the date of sign-off.**
- ❖ **A review of the application will be conducted and a response returned in approximately 4 weeks.**
- ❖ **This pre-severance consultation request for entranceway does not constitute an entranceway permit.**

**I hereby acknowledge that a pre-severance consultation request for entranceway does not indicate that a land severance will be granted.**

Signed: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Patrol Supervisor: _____	Site Visit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Longitude/Latitude: _____	Date of visit: _____
Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Justification/Conditions: _____	
Patrol Supervisors Signature: _____	