

## **APPLICATION FOR PERMISSION** TO CONSTRUCT A DRIVEWAY

OWNER NAME:				PHONE NO.:		
ADDRESS:				POSTAL CODE:		
APPLICANT: same as owner			P	PHONE NO.:		
ADDRESS:			P	OSTAL CO	STAL CODE:	
The personal information on this form is collected under the authority of the Municipal Act, as amended, and will be used solely to administer and process the driveway permit. Questions about the collection of this						
information should be directed to the Supervisor of Design and Field Engineering - Engineering Division, City of Thunder Bay, Victoriaville Civic Centre, 111 Syndicate Avenue South, Thunder Bay, P7E 6S4, (807) 625-2264.  ADDRESS OF SUBJECT PROPERTY THAT THE PROPOSED DRIVEWAY WILL SERVICE:   same as owner address						
STREET NO.:					POSTAL CODE:	
LEGAL DESCRIPTION: (if municipal address not yet assigned)						
LAND USE OF PROPERTY TO BE ACCESSED:  Dwelling  Current # of driveways servicing this lot:  Uses other than Dwelling  SPECIFICATIONS OF DRIVEWAY: Applicants must submit a detailed plan drawing of the proposed driveway illustrating the information provided in this section and as defined in the Driveway Control policy. Refer to the example sketch on the back of this application for assistance when filling out this section. All dimensions are to be in metres: 1 foot = 0.30 metres.						
DIMENSIONS AND ORI		I OCATION: Distance measu	red along the street line (I	ot line) hei	ing crossed by the driveway from the:	
(A*) Width at street (edge or curb):		LOCATION: Distance measured along the street line (lot line) being crossed by the driveway, from the:  (C*) Nearest other driveway on subject property: (min. 6m):				
(B*) Width at street line (lot line):		(D*) Nearest side of lot line (confirm whether it's the left or right lot line if you're facing the lot):  (dimension): (side):				
Is this a corner lot?						
Is this property going through another City development review/approval process? (e.g. site plan control)						
CONTRACTOR INFORMATION: Construction to be done by: Owner Contractor Part of Eng. Contract #						
CONTRACTOR:		ADDRESS:			PHONE NO.:	
ENGINEER / ARCHITECT	Ī:	ADDRESS:			PHONE NO.:	
SUBMISSION CHECKLIST: Plan drawing attached?						
☐ Mail out permit	[	Call for pick up	771111L00 0101		PERMIT APPLICATION #	
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