

**MUNICIPALITY OF WEST PERTH**

P.O. Box 609, 169 St. David St.  
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**PUBLIC WORKS DEPARTMENT**

Mike Kraemer  
Operations Manager

**ACCESS APPLICATION / PERMIT**

Owner / Applicant (please print) Mailing Address: _____ _____ Telephone: _____ To construct a _____ entrance. [Choose one of the following.] (field, farm, residential, commercial, industrial, institutional, public, temporary, emergency) Lot _____ Concession _____ Ward _____ or Street No. _____ Street _____ Perth County Road/Line _____ Current 911 No. _____	Owner / Applicant (signature) Address of Property: _____ _____
Please attach a sketch showing the location and size of your property, also show your proposed location for your entrance. Please mark the location of the entrance. Please contact your municipality concerning a new 911 number.	
Severance: Yes _____ No _____ Severance No.: _____	
Is there a current Site Plan? Yes _____ No _____	
<b>DATE OF APPLICATION:</b> _____	
<b>DATE OF COMMENCEMENT OF CONSTRUCTION:</b> _____	

**OFFICE USE ONLY - Requirements for Entrance**

Top Width _____	Surface Type _____
Diameter of Pipe _____	_____ Heavy Duty Smooth Walled Plastic _____ Corrugated Steel
Special conditions: _____	
DATE OF ISSUE _____	
COUNTY ROAD NO. _____	PERMIT NO. _____