

## SCHEDULE "A"

## Permit No.:

## DRIVEWAY PERMIT APPLICATION

Applicant:	
Location: Lot No.:, Block No.:,	Plan No.:
Civic Address:	
Telephone No.: Email:	
Type of Driveway: ☐ Asphalt ☐ Stamped Asphalt ☐ Stamped Concrete / Exposed Agg	
Width of the Driveway: Drive	way Flare: □ Yes □ No
Corner Lot: ☐ Yes ☐ No	
Attached Drawings: ☐ Yes ☐ No	
Date of Commencement: Date of C	Completion:
Additional Comments:	
I hereby agree to comply with the bylaw of the municipality acknowledge that it is my responsibility to ensure compliant municipality and all applicable Acts and Regulations regarinspections that may or may not be carried out by an inspection	nce with the Driveway Bylaw of the dless of any review of drawings or
Signature of Applicant	