



RURAL MUNICIPALITY OF WHITEMOUTH

Box 248

Whitemouth, MB R0E 2G0

Phone: (204) 348-2221

E-mail: rmwhite@mts.net

Fax: (204) 348-2576

Website: rmwhitemouth.com

PERMIT NO. _____

INSTRUCTIONS

1. Print Clearly
2. Appropriate Fee Must Accompany Application

APPROACH APPLICATION

PERMIT FEE _____

LOCATION:

Section _____ Township _____ Range _____ Lot _____ Block _____ Plan _____

Adjacent to Road, Avenue or Street _____

Check one of the following:

- Construct an Access Driveway Relocate an existing Access Driveway Modify an existing Driveway

Location of requested access _____ feet from _____ corner of property.

Note: (1) Does this property presently have access? Yes No How many? _____

(2) Sketch showing location of requested driveway and existing driveway(s) must be attached to this application.

PROPERTY:

Title _____; Frontage on Road _____ feet; Size _____ acres

PROPOSED USE:

- (a) Agricultural (b) Residential (c) Commercial (d) Other

If (c) or (d), describe fully proposed use: _____

APPLICANT:

Name _____

Address _____

Postal Code _____

Phone No. _____

I declare that all information in regard to this application is true and correct.

Signature _____

Date _____ 20____

REGISTERED LAND OWNER:

(if different to the applicant)

Name _____

Address _____

Postal Code _____

Phone No. _____

I hereby authorize the applicant to apply on my behalf.

Signature _____

Date _____ 20____

ADDITIONAL INFORMATION: _____

SPECIAL CONDITIONS:

- (1) Once validated, this application becomes a permit.
- (2) The approach applied for must be completed with ninety (90) days from validation date and must comply with the specifications shown on the reverse hereof.
- (3) When the access is to be installed, the applicant must notify the Public works Supervisor 24 hours in advance at 348-2815.
- (4) For approval, please mail the completed application to the above address.
- (5) Upon validation, a copy will be mailed to the applicant, at which time the applicant may proceed as indicated above.

Culvert Diameter _____ Length _____

Inspected by _____ Date _____ 20____

Approved by _____ Date _____ 20____