

The Corporation of the

Township of Hamilton 8285 Majestic Hills Drive, Cobourg, ON K9A 4W5 Phone: (905) 342 2810 Fax: (905) 342 2818

Emily Project Access Route Application

I,	of				
(Name, Please Print)		(Address)			
Phone Number		Email Add	dress		
Hereby make application for an	Emily Project	ct Access F	Route on the (pick one):	
North	South		East		West
side of (Municipal Road Name	e)				
Closest 911 Address: to the left	t,	to the right	, a	cross the ro	ad
The entrance is requested to be	e located on:				
Lot Concession Township of or Plan Number					
Place the provided yellow "Emily requested Access Route location	•	cess Route	" marker sign	in the midd	lle of the
Applicant's Signature		_ <u>_</u>	ate		
Office Use Only:		Roll #			
Total Fee	\$	70.00			
Access Route Number Assigned	d: #				
Copy of Completed Form forwar		aty GIS	Date:		
Copy of Completed Form forwar	ided to Coul	ity GIO	Date.		
Staff Signature		_ <u>_</u>	Pate		



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Staff Comments Regarding Emily Project Access Route:

Approvals: This application is approved on the understanding that the Emily Project Access Route is to assist in emergency situations. Creation of an approved Emily Project Access Route does not imply that use of the property may proceed without additional permits or approvals.					
Site Location Inspection:					
Inspector's Signature	Date				
Final Inspection of Completed Emily Project Access Route:					
Inspector's Signature	Date				
Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the purpose of processing the Emily Project Access Route Application. Enquiries regarding the collection of this information may be directed to the Office of the Clerk/Freedom of Information Coordinator, Township of Hamilton, 8285 Majestic Hills Drive, P.O. Box 1060, Cobourg, ON K9A 4W5 905-342-2810.					