TOWNSHIP OF MONTAGUE

6547 Roger Steven's Dr., Box 755 Smiths Falls, Ont. Phone 613-283-7478 Fax 613-283-3112

ENTRANCE LOCATION INQUIRY

NO FEE **APPLICATION # _____**

TYPE OF ENTRANCE: ☐ **Residential** ☐ **Commercial** ☐ **Farm**

Name:_____

Address:_____

Postal Code:_____**Telephone**_____**Fax**_____

Entrance Location: Lot____**Con**_____ **Registered Plan # _____**

Name of Township Road:_____

Sketch to Show:
(a) Township Road_____

(b) Lot Size: _____ **Dimensions: Frontage**_____
Depth_____

(c) Identifiable markers (posts, hydro poles, marker flags, etc.)

(d) Preferred location for entrance

Date:_____ **Signature:**_____

Road Authority to indicate approval for location:

Date: _____ Signature:_____