



APPLICATION FOR DRIVEWAY ACCESS PERMIT TOWN OF VIEW ROYAL

APPLICATION NO. _____

DATE: _____

I / We hereby make apply for a permit to:

- Construct a new driveway crossing
- Remove, widen or repair an existing driveway crossing
- Other (describe) _____

Civic Address: _____

Name of Applicant _____

Address: _____ Ph. _____

Email: _____

Name of Owner _____

Address: _____ Ph. _____

Email: _____

Date: _____ Applicants Signature: _____

Where the applicant is NOT the REGISTERED OWNER, this Application must be signed by the REGISTERED OWNER or their SOLICITOR.

Application Materials Required

Fully dimensioned site plan showing the following where applicable:

- The location of the access in relation to the boundaries of the lot on which it is to be situated
- The location of the access in relation to the other driveway crossings(if applicable)
- The location of any existing or proposed buildings, structures or landscaping in proximity to the proposed driveway crossing.

Fully dimension driveway grade diagram.

Non-refundable application fee of \$100.00

This information is collected by the Town of View Royal under the Local Government Act and the Freedom of Information and Protection of Privacy Act and will be used for the purpose of administering requests for driveway access. Should you have any questions about the collection of this personal information please contact the Director of Engineering, 45 View Royal Avenue, 250-479-6800, info@viewroyal.ca.

FOR OFFICE USE ONLY

Conditions of approval as per attached letter

Approved By: _____ Date: _____