



Municipality of Wawa
40 Broadway Avenue, P.O. Box 500
Wawa, ON P0S 1K0



APPLICATION FOR DRIVEWAY PERMIT

No.: _____

Applicant (Owner)

Last Name: _____ First Name: _____ Date: _____

Street Address: _____

Town & Postal Code: _____

Tel #: _____ Cell #: _____ E-mail: _____

Builder

Last Name: _____ First Name: _____ Date: _____

Street Address: _____

Town & Postal Code: _____

Tel #: _____ Cell #: _____ E-mail: _____

Project Information

Street Address: _____

Town & Postal Code: _____

Entrance Application

- Entrance - Widening
- Entrance – New
- Entrance – Culvert Repair/Widening
- Driveway – Widening
- Driveway – New

Applicant Signature _____

Date _____