

Hastings Quinte 9-1-1 Emily Project FARM 911 Access Application

I, _____ of _____
 (Name, Please Print) (Address)

 (Phone Number) (Email Address)

Hereby make application for an Emily Project FARM 911 Access Number on the (pick one):

North South East West

side of _____
 (Municipal Road Name)

Closest 911 Address _____,
 across the road _____.
 Have you marked your requested access _____

The access is requested for:

Lot _____ Concession _____ Township of _____ or Plan Number _____

Roll #: _____

Signature: _____ Date: _____

This application is approved on the understanding that the HQ911 Emily Project FARM 911 access is to assist in emergency situations only. An approved application does not imply that use of the property may proceed without additional permits or approvals as required by your Municipality and further does not constitute an approval of an "entrance" unless so directed by the municipality. It is the responsibility of the land owner to ensure signage remains visible and is maintained, if the sign is knocked down or damaged contact your local municipal office for replacement.

Office Use Only: Roll # _____

Total Fee:

9-1-1 Marker \$ _____

Number 911 Assigned: # _____

Completed Civic Address Request Form to County: Date: _____

 (Staff Signature)

 (Date)

Staff Comments:

ACKNOWLEDGEMENT

HASTINGS QUINTE 911 - Emily Project FARM 911

I/We the undersigned owners of the property subject to the application, acknowledge that approval of an HQ911 Emily Project Farm 911 application:

1. Is to assist in emergency situations only;
2. Does not permit further use or development of the property without the appropriate approvals;
3. Does not constitute the approval of an entrance from a public highway nor does it deem the access safe for use or that it meets any municipal entrance standards;
4. Does not guarantee that access is adequate for emergency vehicles and where access is not adequate, emergency vehicles may not be able to enter the property;
5. Requires the land owner to maintain and keep the access in good repair and ensure the signage remains visible and is maintained. Should the signage be damaged, knocked down or removed the land owner shall contact the Municipality for replacement/repair of the signage.

I/we confirm that we have read and understand the above stipulations and by signing below confirm our agreement to the above.

Date: _____

Witness

Applicant/Owner

Witness

Applicant/Owner

Witness

Applicant/Owner

Witness

Applicant/Owner

[to be signed by all owners of the subject property]