

Roadway Occupation Permit

Permit Fee as per Schedule "A"					
Name of Applicant:					
Address:					
Telephone: E	mail:				
Name of Contractor (if applicable):					
Contact:					
Address:					
Telephone: E	mail:				
Location of work:					
Brief description of project:					
Please provide a sketch if there is a change to the existing roadway or any underground infrastructure. Sketch attached: Yes No					
Road Traffic will be: Maintained	Closed	Partially Closed			
Pedestrian traffic will be: Maintained	Closed	Partially Closed			
Ontario OneCall Locate Request number: _					
Please provide a traffic/pedestrian control plan before any work begins. Complete all work according to MTO Book 7. You must comply with all Ministry of Labour requirements when working on a municipal road allowance.					
Note that other approvals may be required by the Town.					

The approved and signed Road Occupancy Permit must be on-site at all times, for inspection, if requested.

Where pavement is crossed, it will be:

Augured	Bored / Jacked	Open Cut	Other	
Work to comme	nce:	Work com	pleted by:	

All open cuts (road and sidewalks) will be replaced with existing materials. When pavement is cut, the cut should be a straight lateral cut - angled cuts are not permitted unless approved by Town designate. All work will be performed to MTO specifications and OPS standards. Proper compaction will have little or no settling. Work areas will be monitored during and after to prevent future problems.

I, ______ agree that all workmanship and materials placed under this approval shall be maintained and guaranteed for a period of two (2) years from the dates of completion of the work or one (1) year from completion of permanent repair, whichever is longer. Failure to ensure proper workmanship may result in denial of any future permit approvals.

I also have read and understand the Roadway Occupation Permit Conditions.

No asphalt cuts to be made after October 31 of the current year without authorization of Town designate.

This permit is valid for 30 days from the date of issue. An extension of time is possible with prior approval from Town designate

Print Name:			
Signed:			
	Municipal Ap	oproval	
Comments:			_
			_
			_
 Name:	T	Гitle:	
Date:	S	Signed:	_
Copies: Applica	nt Public Works Dep	ot. Finance Dept.	