



Roadway Occupation Permit

Permit Fee as per Schedule "A"

Name of Applicant: _____

Address: _____

Telephone: _____ Email: _____

Name of Contractor: _____

Contact: _____

Address: _____

Telephone: _____ Email: _____

Location of work: _____

Brief Description of project: _____

Sketch Required: Yes No

Are other approvals required: Yes No

If yes, list: _____

Traffic will be: Maintained Closed Partially Closed

If traffic is not be maintained, please provide a traffic/pedestrian control plan before any work begins. Complete all work according to MTO Book 7. Safety equipment is required while working on a municipal road allowance.

Where pavement is crossed, it will be:

Augured

Bored / Jacked

Open Cut

Other: _____

All open cuts (road and sidewalks) will be replaced with existing materials. All work will be performed to MTO specifications. 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 2 years from the dates of completion of the work or 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.

Print Name: _____

Signature: _____

Date: _____

Municipal Approval

Comments: _____

Approved by:

Name: _____ Title: _____

Date: _____

Copies: Applicant Public Works Dept. Finance Dept.