



Township of SOUTH STORMONT

www.southstormont.ca

P.O. Box 84, 2 Mille Roches Rd
Long Sault, ON K0C 1P0
613-534-8889

APPLICATION FOR ROAD CUT PURSUANT TO BY-LAW No. 2016-024

Application No. _____

Please return this application with a cheque in the amount of \$165.00 made payable to THE TOWNSHIP OF SOUTH STORMONT (refundable should the application be denied)

Applicant: _____		
Mailing Address: _____		
Phone: _____	Fax: _____	Email: _____
Location: _____		Side of Road (N,S,E,W) _____
Civic No: _____	Lot No: _____	Con/Plan No. _____ Specifically _____ meters _____ (N,S,E,W) of _____
Size of Excavation Required (at surface) _____m X _____m		
Detailed Drawing (to scale) Attached: # of Pages: _____ Area Marked by Stake/Paint: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proposed Start Date: _____ Proposed End Date: _____		
NOTE: You will be contacted by the Township of South Stormont to review the site.		
Purpose of Application: _____		
<p>Please have your contractor provide proof of insurance. Minimum coverage of \$5,000,000 (Commercial General Liability) with the Township of South Stormont named as additional insured.</p> <p>A PERMIT WILL NOT BE ISSUED UNTIL OUR OFFICE RECEIVES PROOF OF COVERAGE</p>		
PROPOSED WORK WILL BE PERFORMED BY THE FOLLOWING CONTRACTOR:		
Company: _____		Contact: _____
Phone: _____	Fax: _____	Email: _____
Acknowledgement:		
I/We hereby apply to the Corporation of the Township of South Stormont for permission to complete a road cut and do hereby agree to conform to the Township's conditions, standards and specifications governing road cuts if a permit is granted. I Declare that I understand the contents of the attached copy of By-law 2016-024.		
_____ Owner/Authorized Applicant Signature		_____ Date (MM-DD-YY)
FOR OFFICE USE ONLY		
PERMIT APPROVAL		
Permit Approved as Proposed <input type="checkbox"/>	Permit Approved with Changes Noted Below <input type="checkbox"/>	Not Approved – See Below <input type="checkbox"/>
Comment: _____		
_____ Date (MM-DD-YY)	_____ Director of Public Works or Designate	
Insurance Documents Received <input type="checkbox"/>	WSIB Received <input type="checkbox"/>	Deposit Received (Certified Cheque) \$1000 <input type="checkbox"/> Other _____
Date of Road Cut: _____		Inspected by: _____
Geotechnical Report Received <input type="checkbox"/>	Approved <input type="checkbox"/>	
Reinstatement Approved <input type="checkbox"/>	Approved by: _____	Date: _____
Deposit Released <input type="checkbox"/>	Date Released: _____	_____ Signature