



APPLICATION FOR MUNICIPAL CONSENT
APPLICANT TO COMPLETE TOP SECTION

Applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

Road: _____ Side of Road (N,S,E,W): _____

Civic No: _____ Lot No: _____ Con/Plan No.: _____ Specifically: _____ meters (N,S,E,W) of: _____

Road Cut Required Yes No

Size of Excavation Required (at surface): _____ m x _____ m

Detailed Drawing (to scale) Attached: # of Pages: _____ Area Marked by Stake/Paint: Yes No

Proposed Start Date: _____ Proposed End Date: _____

Purpose of Application: _____

A Certificate of Insurance is required from the Contractor. Minimum coverage of **\$5,000,000** (Commercial General Liability & Automobile Liability) with the Township of South Stormont named as certificate holder and additional insured.
A PERMIT WILL NOT BE ISSUED UNTIL OUR OFFICE RECEIVES THE CERTIFICATE OF INSURANCE

PROPOSED WORK WILL BE PERFORMED BY THE FOLLOWING CONTRACTOR:

Company: _____ Contact Name: _____

Phone: _____ Email: _____

Acknowledgement:

I/We hereby apply to the Corporation of the Township of South Stormont for Municipal Consent and Road Cut (if applicable) 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 Permit Approved with Changes Noted Below Not Approved - See Below

Insurance Documents Received Deposit Received (Certified Cheque) \$1000 Detailed Drawing (to scale)

Comment: _____

_____ Date (DD-MM-YY) _____ Director of Infrastructure Services or Designate