

PERMIT APPLICATION FORM

Applicant's Name _____

Mailing Address _____

Location of Proposed Activity _____

Start Date/Time _____

Completion Date/Time _____

Have affected neighbouring property owners been notified? [] Yes [] No

Is a street closure required? [] Yes [] No

Will re-routing buses and emergency traffic be required? [] Yes [] No

Will utilities be shut off? [] Yes [] No

EXCAVATION:

Size (length)_____ (Width)_____ (Depth)_____

Distance to pavement edge _____

Purpose _____

OVERSIZE VEHICLES:

Length_____ Width_____ Axle Load_____, _____, _____

VEHICLE EQUIPPED WITH:

Projecting spikes_____ Cleats_____ Ribs_____ Clamps_____

Flanges _____ Lugs _____ Other Attachments _____

SPECIAL EVENT:

Pedestrians _____ Vehicles _____

Route (Attach Map) _____

FOR OFFICE USE ONLY

Permission is granted for _____ subject to the conditions listed: _____

Insurance [] Yes [] No

Amount of Deposit _____

Receipt No. _____

Inspected By _____

Amount of Refund _____

Director of Operations