



**THE CORPORATION OF THE TOWN OF WHITCHURCH-STOUFFVILLE  
APPLICATION FOR ENCROACHMENT PERMIT**

*NOTIFICATION: Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, some Personal Information may be required for the completion of Town or other public agency forms and will be used solely for the purpose for which it is collected.*

NAME OF APPLICANT: _____	DATE: ____ / ____ / ____ MM DD YY
TELEPHONE: _____ FAX: _____	DATE REQUIRED: ____ / ____ / ____ MM DD YY
ADDRESS: _____	
POSTAL CODE: _____	

LOCATION OF WORK IS WITHIN HIGHWAY OR ROAD ALLOWANCE AND ADJOINING OR ADJACENT TO THE PROPERTY DESCRIBED AS:

SAME AS ABOVE ADDRESS

OTHER: \_\_\_\_\_  
                     LOT OR HOUSE #                      CONCESSION/PLAN NO./STREET                      SIDE OF STREET

LOCATION MARKED WITH: \_\_\_\_\_

<b>TYPE OF ENCROACHMENT</b>	<input type="checkbox"/> ALTERATION TO EXISTING	SPECIFY: _____
A) ENTRANCE APPROVAL	<input type="checkbox"/> FARM USE	_____
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	_____
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL OR INDUSTRIAL	_____
<input type="checkbox"/> CULVERT	<input type="checkbox"/> CURB CUT	_____

B) OTHER:    UTILITY CUT                       WATER LINE                       SEWER LINE   
                     MISC.  \_\_\_\_\_

C) NAME OF CONTRACTOR PERFORMING WORK

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SKETCH

INDICATE NORTH

**THIS SECTION TO BE COMPLETED BY APPLICANT:**

- ◆ I UNDERSTAND THAT ALL WORKS WITHIN THE ENCROACHMENT WILL BE CONSTRUCTED, ALTERED, MAINTAINED OR OPERATED AT THE EXPENSE OF THE APPLICANT.
- ◆ NO WORK IS TO BE STARTED BEFORE A PERMIT HAS BEEN ISSUED.
- ◆ IN CONSIDERATION OF ANY PERMIT ISSUED IN RESPECT TO THIS APPLICATION, THE APPLICANT AND ALL SUCCESSORS AND ASSIGNS HEREBY AGREE TO OBSERVE, KEEP AND PERFORM AND BE SUBJECT TO THE REGULATIONS AND CONDITIONS OF THE SAID PERMIT AND TO INDEMNIFY AND SAVE HARMLESS THE TOWN OF WHITCHURCH-STOUFFVILLE, ITS EMPLOYEES, AGENTS, CONTRACTORS, AND ASSIGNS AGAINST ALL LOSS, COST, CHARGES, DAMAGES, EXPENSES, CLAIMS AND DEMANDS WHATSOEVER TO WHICH THE TOWN OF WHITCHURCH-STOUFFVILLE, ITS EMPLOYEES, AGENTS, CONTRACTORS OR ASSIGNS MAY BE PUT OR WHICH THEY MAY SUFFER OR SUSTAIN OR FOR WHICH THEY MAY BE LIABLE BY REASON OF ANYTHING DONE OR OMITTED TO BE DONE IN THE CONSTRUCTION, MAINTENANCE, ALTERATION OR OPERATION OF THE AUTHORIZED WORK.
- ◆ THE UNDERSIGNED HEREBY PERMITS THE TOWN OF WHITCHURCH-STOUFFVILLE, ITS EMPLOYEES, AGENTS, CONTRACTORS OR ASSIGNS TO ENTER ONTO THE LANDS TO CONDUCT WHATEVER INSPECTIONS MAY BE NECESSARY.
- ◆ I AGREE THAT THE TOWN OF WHITCHURCH-STOUFFVILLE IS NOT RESPONSIBLE FOR CONSTRUCTION OR MAINTENANCE OF ANY PORTION OF THE DRIVEWAY ENTRANCE SURFACE WITHIN THE MUNICIPAL ROAD ALLOWANCE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
                     OWNER/AGENT/APPLICANT

<b>FOR OFFICE USE:</b>	
WORK TO BE DONE BY: _____	ENCROACHMENT FEE: _____
GENERAL COMMENTS: _____	SECURITY DEPOSIT: _____
	PAYMENT RECEIVED: _____
APPROVED: _____	DATE: _____
DATE: _____ PUBLIC WORKS DEPT.	TREASURY DEPT. _____

WHITE - APPLICANT                      YELLOW - TREASURY                      PINK - PUBLIC WORKS

## CONDITIONS

- It is the responsibility of the property owner or his representative to contact the various utility companies to arrange stake-outs for the buried services which may exist in the work area.
- The Public Works Department requires forty-eight (48) hours notification prior to any work being performed on the road allowance.
- All disturbed areas are to be restored to their original condition.
- This approval is conditional upon the work being completed within eighteen (18) months of the date of application.
- Upon expiry of the eighteen (18) month period the applicant will re-apply to the Public Works Department.