

# FORMS



## The Corporation of The Town of Amherstburg

271 Sandwich St. South, Amherstburg, ON N9V 2A5  
www.amherstburg.ca

Form Name: Application Form For Right of Way Permit

### Application Form For Right of Way Permit

#### 1. APPLICANT INFORMATION

|                          |       |           |
|--------------------------|-------|-----------|
| Company / Applicant Name |       |           |
| Contact Name             |       |           |
| Mailing Address          |       |           |
| City/Town, Postal Code   |       |           |
| Phone Number             | (day) | (evening) |
| Emergency Contact Number |       |           |
| Email Address            |       |           |

#### 2. REGISTERED PROPERTY OWNER (If Different From Applicant)

|                          |       |           |
|--------------------------|-------|-----------|
| Name                     |       |           |
| Address                  |       |           |
| City/Town, Postal Code   |       |           |
| Phone Number             | (day) | (evening) |
| Emergency Contact Number |       |           |

#### 3. DESCRIPTION OF WORK

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Curb Cut             | <input type="checkbox"/> Hard Surface Driveway | <input type="checkbox"/> Rural Access Culvert |
| <input type="checkbox"/> Utility Construction | <input type="checkbox"/> Road Closure          | <input type="checkbox"/> Hoard                |
| Name of Contractor Performing Work            |  |   |
| Description of Work                           |  |   |
| Address                                       |  |   |
| Start Date                                    |  |   |
| Expected End Date                             |  |   |
| Are you requesting any road closures?         | <input type="checkbox"/> Yes                   | <input type="checkbox"/> No                   |
| Are you requesting any lane closures?         | <input type="checkbox"/> Yes                   | <input type="checkbox"/> No                   |

If you are requesting road closures, you will need to attach a copy of your detour plan. You are responsible to contact Emergency Services and the bus companies to advise them of the closure. A traffic plan may be requested due to the nature of the project.

| <b>4. CONDITIONS OF PERMIT</b>   |  |             |
|--|--|-------------|
| i.   | It is understood that all works will be constructed, altered or maintained at the expense of the applicant and all successors and assigns.   |             |
| ii.  | The applicant agrees to restore the site of the works to the satisfaction of the Town of Amherstburg. Failure to do so will result in the forfeit of the deposit.  |             |
| iii.   | The applicant must contact all utilities for locates, prior to the commencement of any work.   |             |
| iv.  | The applicant must ensure that the regulations in the MTO's Book 7 are adhered to for traffic and pedestrian.  |             |
| v.   | <b>The Town requires 24 hours notification before commencement of the authorized work.</b>   |             |
| vi.  | A non-refundable fee of \$225.00 shall be paid to the Town.  |             |
| vii.   | An amount of \$1,000.00 will be held until all work has been completed to the satisfaction of the Town of Amherstburg.   |             |
| viii.  | A \$2,000,000 Insurance Policy provided with the Town named as additional insured.   |             |
| <b>6. DECLARATION OF APPLICANT &amp; APPROVALS</b>   |  |             |
| i.   | It is understood that all works will be constructed, altered or maintained at the expense of the applicant; that work must not commence before a permit has been issued by the Town of Amherstburg, and that the issue of a permit by the Town does not relieve the applicant of the responsibility of complying with relevant municipal by-laws and policies.   |             |
| ii.  | The applicant agrees to save harmless the Town of Amherstburg from and against any loss, cost, charges, damages, expenses, claims and demands whatsoever to which the Town may be put, or which it may suffer or sustain, or for which it may be liable by reason of anything done or omitted to be done in this construction, maintenance, alteration of the works by the applicant.  |             |
| iii.   | I authorize the Town of Amherstburg to make any investigations regarding this application and authorize the release of records and information to the Town of Amherstburg provided such information is received and discussed confidentially. All information collected on this form is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and will be used by the Town in determining suitability for licensing. Questions about this collection should be directed to the Town Clerk at 271 Sandwich Street South, Amherstburg, Ontario, N9V 2A5, phone (519) 736 – 0012. |             |
| <b>Signature of Applicant</b>  |  | <b>Date</b> |
| <b>6. FOR OFFICE USE ONLY</b>  |  |             |
| <input type="checkbox"/> \$1,000 Indemnity Received by   | (Initial and Date)   | Account #   |
| <input type="checkbox"/> \$225 Permit Fee Received by  | (Initial and Date)   |             |
| <input type="checkbox"/> \$2,000,000 Insurance Policy provided with the Town named as additional insured |  |             |
| Hoarding Fee _____ x _____ x \$0.75 = Monthly Hoarding Fee Amount \$ _____<br>(length) (width)           |  |             |
| <input type="checkbox"/> Hoarding Permit Fee Received by   | (Name)   | Account #   |
| <input type="checkbox"/> Final Inspection Completed by   | (Town Authorization)   | (Date)      |
| <input type="checkbox"/> \$1,000 Deposit Refunded by   | (Name)   | (Date)      |