



**Application for a
ROAD WORK PERMIT**

Applicant's Name: _____

Roll #: _____

Applicant's Email Address: _____

Applicant's Address: _____

Telephone Number: _____

Location of Proposed Road Cut: _____

Purpose of Proposed Road Cut: _____

Contractor: _____

Date / Duration of Proposed Work: _____

Size (LxWxD) of Proposed Road Cut: _____

In consideration of the granting of permission to open the above-mentioned road as set forth above, I hereby agree to:

- comply with all the provisions of By-law Number 92 and all relevant Ministry of Labour and Ministry of Transportation requirements
- comply with any inspection requirements and special provisions specified on the permit by the Township of Woolwich
- restore the site according to Township standards and to the satisfaction of the Manager of Engineering Operations
- Provide a Certificate of Insurance in the minimum amount of \$5 million liability naming the Township of Woolwich as additionally insured.
- Provide a copy of your Traffic Control Plan in accordance with OTM Book 7
- Provide the applicable fee

_____ Date

_____ Signature of Applicant or Agent

Application Fee:	\$ _____	G/L 1-5-0800-870-331
Inspection Fee:	\$ _____	G/L 6-5-1600-870-300 / 8-5-1800-870-300
Inspection Deposit (Refundable):	\$ _____	G/L 1-2-7400-000-745
Damage Deposit (Refundable):	\$ _____	G/L 1-2-7400-000-745
Total Collected	\$ _____	

Receipt # _____

Approved By: _____

Date: _____