Township of
SOUTH STORMONT

www.southstormont.ca
P.O. Box 84, 2 Mille Roches Rd
Long Sault, ON K0C 1P0
613-534-8889

APPLICATION FOR MUNICIPAL CONSENT

APPLICANT TO COMPLETE TOP SECTON

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