

Road Occupancy Permit Application

Applicant Information

Applicant Name *

Phone Number *

Alternative Phone Number

Business Phone Number

Email address *

Address *

Activity Information

Description of Work - Details of any work that will alter, break or disturb in any way an existing pavement, curb, boulevard, sidewalk, or other surface within the right-of-way, and how the Applicant will restore the right-of-way. *

Lane Closure Required? *

Start and end Date for Period of use *

Please save this application in PDF format and email it to publicworks@trentlakes.ca.

Remember to also attach the following to your email:

- A sketch/diagram/map indicating the location of the road occupancy.
- Proof of Insurance for a min. amount of \$5,000,000, naming the Municipality of Trent Lakes as an addition insured and an endorsement to provide the Municipality with 30 days notification of cancellation.
- A Traffic Control Plan in compliance with the Ontario Traffic Manual (OTM), describing the traffic impact (ex. Lane closure) and procedures for implementing the traffic control plan.

In Consideration of Permission from the Municipality of Trent Lakes to use the above-noted road allowance for the specified purpose, the Applicant hereby agrees to repair any injury or damage done to the pavement, curbs, sodding, trees, sidewalks, or any other property situated on the said road allowance, by reason of such use, at the expense of the Applicant and to the satisfaction of the Director of Public Works.

The Applicant also covenants and agrees to indemnify and save harmless the Municipality of Trent Lakes from any claim, liability or lawsuit on behalf of the Applicant or third party, arising by reason of the Applicant's use of the road allowance. The Applicant acknowledges the Municipality of Trent Lakes may revoke any such permission forth-with upon written notice to the Applicant.

Note: Applicant must furnish a satisfactory Certificate of Insurance, showing third party liability coverage in the amount of \$5,000,000 with the Municipality of Trent Lakes as an additional named insured and containing a cross liability clause.

Applicant Signature *

Date: *

Director of Public Works Signature

Date: