

	<h2 style="margin:0;">Road Work Permit Application</h2> <p style="margin:0;">Application to undertake work on a Township Road</p>	<b>MC Number:</b> (With approved Plan)
--	---	---

Owner (Proponent/Company/Organization)			Contractor/Agency		
Owner:	Contact:		Contractor:	Contact:	
Address:			Address:		
City:	Prov:	Postal:	City:	Prov:	Postal:
Phone:	Cell:		Phone:	Cell:	
Email:			Email:		

**PERMIT INFORMATION**

Schedule Dates	From:	To:	Time:
Primary Site Contact:		Primary Site Phone:	
Primary Site Contact Email:			

**LOCATION AND SUMMARY OF WORK**

Road Name:	Nearest Address:					
Between:						
Description of Work:						
Excavation (Check all that apply):	Asphalt <input type="checkbox"/>	Sidewalk <input type="checkbox"/>	Curb & Gutter <input type="checkbox"/>	Boulevard <input type="checkbox"/>	Median <input type="checkbox"/>	None <input type="checkbox"/>
Length (m):	Width (m):		Depth (m):			
Closure Type (Check all that apply)	None <input type="checkbox"/>	Full Closure <input type="checkbox"/>	Lane Closure <input type="checkbox"/>	Sidewalk <input type="checkbox"/>	Shoulder <input type="checkbox"/>	

**CONDITIONS OF APPROVAL (Any permit granted will be subject to the conditions below)**

- Comply with all the provisions of By-Law Number 34-2024 and all relevant Ministry of Labour and Ministry of Transportation requirements.
- Must conform to the latest version of Ontario Traffic Manual Book 7 – Temporary Conditions.
- A copy of the signed permit and traffic control plan must be available on-site at all times.
- Pedestrians must be assured a safe passage at all times.
- Access must be maintained at all times to residents and/or businesses.
- Work area, vehicles and equipment must be properly protected until completion of the project.
- Restore to the satisfaction to the Township of Woolwich.
- The applicant must submit a certificate of insurance in the minimum amount of \$5,000,000 naming the Corporation of the Township of Woolwich as 'additional insured' on a form satisfactory to the Township of Woolwich.
- The applicant must coordinate work zone with adjacent and local works and operations.
- Provide the applicable fees.
- Any violation to any of these conditions of By-Law Number 34-2024 may result in the permit being revoked and/or charges pursuant to this By-Law.

The Contractor, both during and following the term of this agreement, shall indemnify, defend and hold harmless the Township, their elected officials, officers, employees, volunteers, agents, contractors, the Engineer, all respective heirs and executors, successors and assigns, from any and all losses, damages (including, but not limited to, incidental, indirect, special and consequential damages, or any loss of use, revenue or profit by any person, organization or entity), fines, penalties and surcharges, liabilities (including, but not limited to, any and all liability for damages to property and injury to persons, including death), judgments, claims, demands, causes of action, contracts, suits, actions or other proceedings of any kind (including, but not limited to, proceedings of a criminal or quasi-criminal nature) and expenses (including, but not limited to, legal fees on a substantial indemnity basis) which the indemnified persons or person may suffer or incur, howsoever caused, arising out of or in connection with, in any way related to, or as a result of acts or omissions, whether negligent or otherwise, of the Contractor, its officers, directors, employees, contractors, subcontractors, agents and permitted successors and assigns in the furtherance of this Contract.

The Proponent and the Contractor, where applicable, have read and understood the above conditions.

This Application is conditional upon the Owner (Proponent) or Contractor signing below and agreeing to the conditions listed above. The Township of Woolwich confirms that electronic signature of this document is acceptable.

Print Name:	Signature:	Date:
-------------	------------	-------

FOR OFFICE USE ONLY		
FEES & CHARGES BY-LAW 67-2021 SCHEDULE "B"		
Application Fee: \$ <input type="checkbox"/>	Inspection Fee: \$ <input type="checkbox"/>	Inspection Deposit: \$ <input type="checkbox"/>
G/L: 1-5-0800-870-331	G/L: 6-5-1600-870-300	G/L: 1-2-7400-000-745
Damage Deposit: \$ <input type="checkbox"/>	Total Collected: \$	
G/L: 1-2-7400-000-745		
TOWNSHIP OF WOOLWICH APPROVAL		
Print Name:	Signature:	Date:

**\*\*\*\*A minimum of 5 business days is required to process all permit applications\*\*\*\***