

MUNICIPAL CONSENT PERMIT APPLICATION

This permit is required for all work taking place within the Town Right-of-Way. All works submitted for application will be reviewed by the Public Works Department. All applications will be given consideration, however not all requests will be approved. Please allow at least 5 business days for application review.

APPLICATION DATE:	
APPLICANT INFORMATION	
APPLICANT:	
ADDRESS FOR MUNICIPAL CONSENT:	
MAILING ADDRESS:	PHONE #:
	EMAIL:
CONTRACTOR INFORMATION (if applicable)	LOT#:
	PLAN#:
DESCRIPTION OF ENCROACHMENT	
Provide a brief description of work, along with a detailed sketch or plan (on a separate sheet) outlining the location of the work to be completed and all information as required under By-Law 91-021.	
Work Start Date:	Work Completion Date:
Permit Cost: \$50 Deposit Required: \$200 Annual Cost: \$200 Deposit Required: \$1000 Interac, Cheque or E-Transfer (cash is not accepted)	Payment Received: \$ _____ Form: _____ Received By (Initial): _____
In consideration of any permit issued in respect to this application, the property owner and his or her agent hereby agrees to observe, keep and perform and be subject to the regulations and conditions of the said permit and indemnify and save harmless the Corporation of the Town of Gananoque from and against all loss, costs, charges, damages, expenses, claims and demands whatsoever to which it may be liable for reason of anything done or omitted to be done in the authorized encroachment.	
Proof of Insurance, WSIB and Traffic Control Plan are required from the Applicant prior to the permit being administered.	
Complete Application checklist: <input type="radio"/> Application Form <input type="radio"/> Payment <input type="radio"/> Proof of liability insurance, WSIB if required <input type="radio"/> Sketch <input type="radio"/> Traffic Control Plan	
I, the Undersigned, have read and agree to abide by all conditions set out in the Municipal Consent Permit requirements and approval letter, if issued. I have included a Traffic Control Plan, if required. I will submit the required fees as part of the application process and I will submit a request for a deposit refund upon completion of the work and approval process.	
Applicant Signature	Date

MUNICIPAL CONSENT PERMIT	Office Use Only
Terms and Conditions (if any) for this Municipal Consent Permit:	
I, Public Works Manager or designate, hereby authorize and grant approval to proceed with the work included in this permit, and as outlined in the sketch, subject to any terms or conditions included with this document; and have received a Traffic Control Plan (if required)	
Signature: _____	
MUNICIPAL CONSENT PERMIT NUMBER: MC-	

Final Inspection Date:	Permit finalized and work approved by:
Final Inspection Comments:	

APPLICANT:

Upon completion of the Work, the Applicant must request a final inspection, if required, by calling 613-382-2149 Ext 1613 or email pwinfo@gananoque.ca. Once final inspection is completed, the Applicant must send a request for deposit refund and include an Electronic Payment Form. All deposits are refunded by electronic transfer.

For more information regarding a Municipal Consent Permit, contact 613-382-2149 Ext 1613