



TRANSPORTATION DEPARTMENT
 636 St. Lawrence Street, Winchester, ON K0C 2K0
 Tel: 613-774-2105 Fax: 613-774-5699
www.northdundas.com

FOR OFFICE USE ONLY	
MC#:	_____
Date Rec'd:	_____
Date Ret'd:	_____

APPLICATION FOR MUNICIPAL CONSENT FOR WORK IN RIGHT OF WAY

APPLICATION CLASSIFICATION: STANDARD (\$50, 15 DAYS), PRIORITY (\$250, 10 DAYS), RUSH (\$425, 5 DAYS)
Payment can be made over the phone by credit card, in-person using cash, debit, credit, cheque or cheque by mail.

Return Application to bsheldon@northdundas.com

APPLICANT (Company or Individual):	
MAILING ADDRESS:	
MAIN CONTACT:	CELL:
PHONE:	EMAIL:

ROAD NAME: _____ CIVIC NO: _____ TOWN/VILLAGE: _____

LOT(S): _____ CONCESSION: _____ SIDE OF ROAD (N, S, E or W): _____

ROAD CUT REQUIRED: YES NO IF YES, SIZE OF EXCAVATION REQUIRED (AT SURFACE): _____ m x _____ m
 (If yes, \$3,750 deposit fee required - See Bylaw No. 2021-56 & Bylaw No. 2021-45)

DETAILED DRAWING (TO SCALE) ATTACHED: # OF PAGES: _____ AREA MARKED BY A STAKE / PAINT: YES NO

PROPOSED START DATE: _____ PROPOSED COMPLETION DATE: _____

PROPOSED WORK WILL BE CONSTRUCTED BY OUR OWN FORCES , OR BY THE FOLLOWING CONTRACTOR :

NAME (Company or Individual): _____ MAIN CONTACT: _____
 PHONE/CELL: _____

<p>Applicant to provide summary of work to be done. Also provide details of road cut/road closure(s) (if applicable).</p> <p>_____</p> <p>_____</p>

I/We hereby apply to the Corporation of the Township of North Dundas for permission to construct, alter, change the Right of Way described above and do hereby agree to conform to the Township's conditions, standards and specifications.

APPLICANT'S SIGNATURE _____ DATE _____

<p>Township of North Dundas' comments and/or conditions (For Office Use Only):</p> <p>_____</p> <p>_____</p>
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APPROVED BY: Jamie Cheney DATE APPROVED: _____
 Director, Transportation Services (Consent valid for 12 months from date of approval)

APPROVAL SIGNATURE: _____