

		<b>City of Niagara Falls</b> <b>Municipal Works Department</b> <b>Parks Services</b>		Municipal Service Centre 3200 Stanley Avenue Niagara Falls, ON L2E 6S4 Phone: 905-356-1355 x 6200	
<b>Parkland Gate Installation Application</b>					
<b>Name:</b>					
<b>Address:</b>				<b>Phone:</b>	
<b>Postal Code:</b>				<b>Email:</b>	
I am the registered owner of the above noted property and I hereby make application for the installation of a gate in the fence separating my property from the adjacent municipal parkland known as:					
<b>Name of Parkland:</b>					

Conditions of Approval:

1. I agree that the entire cost of construction and installation of the gate will be at my expense. A cheque, made payable to **The City of Niagara Falls**, for \$1,000, plus HST (**\$1,130** total) is enclosed
2. The gate installation will take place at the time determined by the Parks Services Staff depending on, but not exclusive to work schedules and ground conditions
3. I agree to indemnify and save harmless the Corporation for any claims or liability arising from the existence of such a gate
4. I agree not to permit any animal under my control to enter the park to run at large
5. I agree to maintain the gate at my sole expense
6. I agree to keep the gate closed at all times
7. I agree not to use the gate access to the Park for the purpose of dumping, storage or other prohibited activities
8. I agree that the purpose and use of the future gate will comply with the current Parks By-law
9. It is understood that if it is determined that the gate's existence is contributing to damage, or other adverse effects on the adjacent parkland, the City will remove or seal the gate one month after written notice is given
10. It is understood that any damage to public or private property as a result of the gate installation must be repaired at my sole expense and to the approval of Parks Services

*The personal information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, s. 28 and will be used by the Corporation of the City of Niagara Falls for administrative purposes. Questions about this collection should be addressed to the Manager of Roadways at 3200 Stanley Avenue, Niagara Falls, Ontario, L2E 6S4 or call 905-356-1355.*

I understand and agree to the conditions explained in this application. I also have read and understand the notice of collection of personal information.

<b>Signature:</b>	
<b>Date:</b>	

**Please provide a plan showing the location of the proposed gate (use backside of this page).**

--	--	--	--

**Approved** ☐ **Denied** ☐ **Other Comments:** \_\_\_\_\_
