

# Road Occupancy & Entrance Permit Application



**Municipal Works Department**  
 4310 Queen Street, P.O. Box  
 1023  
 Niagara Falls, ON L2E 6X5  
 Tel: 905-356-7521  
 Fax: 289-296-0048  
[www.niagarafalls.ca](http://www.niagarafalls.ca)

**Permit No.** \_\_\_\_\_

<p><b>APPLICANT</b></p> <p>Company Name: _____</p> <p>Contact: _____</p> <p>Mailing Address: _____</p> <p>Owner's Name: _____</p> <p>Business Phone: _____</p> <p>Fax: _____</p> <p>Cell: _____</p> <p>E-Mail: _____</p> <p><b><u>Applicant must provide:</u></b></p> <ol style="list-style-type: none"> <li>1. A valid WSIB Clearance Certificate</li> <li>2. Provide the completed Standard Certificate of Insurance form (attached) confirming \$5,000,000 Commercial General Liability Insurance and \$2,000,000 Automobile Liability Insurance coverage. - <b>"The Corporation of the City of Niagara Falls" shall be listed as additional insured on the certificate attesting to Commercial General Liability coverage. All insurance to be inclusive.</b></li> <li>3. Provide a drawing/sketch of work details and location (include property lines, street names etc...)</li> <li>4. A pedestrian/vehicular traffic Control Plan in accordance with the Occupational Health and Safety Act and the Ontario Traffic Manual (OTM) Book 7.</li> <li>5. \$350.00 Administration Fee</li> <li>6. Applicant is responsible to provide City with any updates regarding payment information. Unclaimed deposits will be considered forfeit and recognized as revenue 2 years from the initial deposit release date. Please complete attached EFT payment information and return to <a href="mailto:jstapley@niagarafalls.ca">jstapley@niagarafalls.ca</a> for processing.</li> </ol>	<p><b>WORK &amp; LOCATION</b></p> <p>Purpose of Work: _____</p> <p>Location(s): _____</p> <p>Anticipated Start Date: _____</p> <p>Anticipated Completion Date: _____</p> <p>Anticipated Working Hours: _____</p> <p>Road Closure Required: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>Date / Times for Road Closure: _____</p> <p><b>DETAILS</b></p> <p>Road Cut <input type="checkbox"/> Entrance (Culvert) Installation <input type="checkbox"/></p> <p>Utility Connection or Repair <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Road Surface Type: _____</p>
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**COMMENTS / DESCRIPTION:**


I/We the undersigned have read and understood the information provided and agree to abide by all conditions attached to this permit. All in accordance with By-law No. 2002-064 and By-law No. 2002-065.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<i>This section to be completed by City of Niagara Falls staff</i>			
<b>Administration Fee</b> 11-4-311000-680000	<b>\$</b>	<b>Security Deposit</b> 11-2-072000-400173	<b>\$</b>
<b>Received By:</b>		<b>Date:</b>	
<b>PAYMENT METHOD</b>			
CHEQUE / CERTIFIED CHEQUE ONLY			

<b>CONDITIONS FOR ISSUANCE</b> ( <i>General Conditions Attached</i> )	
<b>NOTE:</b>	<ul style="list-style-type: none"> <li>* The Permit will not be issued until the Administration Fee and Security Deposit have cleared.</li> <li>* The Municipal Works Permit Coordinator to be notified 48 hours prior to commencement of Work.</li> <li>* This permit applies to work within the municipal right-of-way only.</li> </ul>
<b>City Authorization:</b> _____ / <b>Supervisor of Construction Services</b>	

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 for administrative purposes. Questions about this collection should be addressed to Supervisor of Construction Services, City Hall 4310 Queen Street, Niagara Falls, Ontario, L2E 6X5 or call 905-356-7521.