



Municipal Works Department
 4310 Queen Street, P.O. Box 1023
 Niagara Falls, ON L2E 6X5
 Tel: 905-356-7521
www.niagarafalls.ca

Road Occupancy & Entrance Permit Application

Permit No. _____ (For Office Use Only)

APPLICANT

Company Name: _____
 Contact: _____
 Mailing Address: _____
 Owner's Name: _____
 Business Phone: _____
 Fax: _____
 Cell: _____
 E-Mail: _____

APPLICANT MUST PROVIDE:

1. A valid WSIB Clearance Certificate.
2. A completed City of Niagara Falls Standard Certificate of Insurance form (attached) confirming \$5,000,000 Commercial General Liability Insurance and \$2,000,000 Automobile Liability Insurance coverage. - **"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.**
3. A drawing/sketch of work details and location (include property lines, street names, etc.).
4. A pedestrian/vehicular traffic Control Plan in accordance with the Occupational Health and Safety Act and the Ontario Traffic Manual (OTM) Book 7.
5. An Administration Fee in accordance with the current City of Niagara Falls Schedule of Fees.
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 Electronic Funds Transfer (EFT) payment information and return to ap@niagarafalls.ca for processing.

WORK & LOCATION

Purpose of Work: _____
 Location(s): _____

 Anticipated Start Date: _____
 Anticipated Completion Date: _____
 Anticipated Working Hours: _____
 Road Closure Required: Yes No
 Date / Times for Road Closure: _____

DETAILS

- Road Cut
- Entrance (Culvert) Installation
- Utility Connection or Repair
- Other
- Municipal Parking Spaces To Be Occupied QTY: _____
- Road Surface Type: _____

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:** _____

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.

This section to be completed by City of Niagara Falls staff – PAYMENT by Cash, debit, certified cheque ONLY

Administration Fee 11-4-311000-680000	\$	Security Deposit 11-2-072000-400173	\$
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City Authorization: _____ / **SUPERVISOR OF CONSTRUCTION SERVICES**

NOTE:

- * SPECIFIC PERMIT CONDITIONS PER THE ATTACHED EMAIL (General Conditions Also Attached)
- * The Permit is NOT VALID until the Administration Fee and Security Deposit have cleared.
- * The Municipal Works Permit Coordinator to be notified 48 hours prior to commencement of Work.
- * This permit applies to work within the municipal right-of-way only.