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

Permit No. _____

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. 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.
- **"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. Provide 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. $300.00 Administration Fee

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 ☐

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: _____

This section to be completed by City of Niagara Falls staff

Administration Fee: $ _____ Security Deposit: $ _____
(Note: Security cheque will be cashed by the City)

Received By: _____

CONDITIONS FOR ISSUANCE *(General Conditions Attached)*

NOTE: *** The Municipal Works Permit Coordinator to be notified 48 hrs. prior to commencement of Work.**
*** This permit applies to work within the municipal right-of-way only**

City Authorization: _____ / Supervisor of Construction 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 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.