



STREET OCCUPANCY PERMIT APPLICATION FORM

PERMIT # _____

By-Law #5783-91 - Regulation:

2(l) No person shall demolish, build, or repair a structure adjacent to Town streets without first constructing hoarding of sufficient quality to prevent injury to pedestrians and vehicular traffic as in the Ontario Occupational Health and Safety Act, May 10, 1991, Chapter 321, Section 21 to 26 and amendments thereto. The contractor shall notify the Public Works & Utilities Department at least twenty-four (24) hours in advance of any such construction in order that adequate inspection of provisions for public safety may be made.

ESTIMATED COMPLETION DATE: _____ PERMIT HOLDER: [] Owner [] Contractor

PROPERTY INFORMATION

Owner's Name: _____

Address: _____

Telephone: _____ Email: _____

CONTRACTOR INFORMATION

Contractor's Name: _____

Address: _____

Telephone: _____ Email: _____

REASON FOR OCCUPANCY

- [] Renovation of an Existing Building [] Demolition of a Building
[] Construction of New Building [] Other (please specify): _____

DIMENSIONS OF SIDEWALK/ROAD TO BE OCCUPIED

Length _____ metres x Width _____ meters = _____ metres^2 or

Length _____ feet x Width _____ feet = _____ feet^2

Driveway access: [] Yes [] No

FEE FOR PERMIT

Start Date: _____ End date: _____

\$25.00/day x _____ # of days = _____ (Total fee)

PLEASE NOTE: It is the responsibility of the Permit Holder to ensure that all other permits are completed and approved.

HOLD HARMLESS AGREEMENT

The applicant shall defend, indemnify and save harmless the Corporation of the Town of Smiths Falls, their elected officials, officers, employees and agents from and against any and all claims, actions, losses, expenses, fines, costs (including legal costs), interest or damages of every nature and kind whatsoever, including but not limited to bodily injury or damage to or destruction of tangible property including loss of revenue arising out of or allegedly attributable to the negligence, acts, errors, omissions, whether willful or otherwise by applicant, their officers, employees, agents, or others who the applicant is legally responsible. This indemnity shall be in addition to and not in lieu of any insurance to be provided by the applicant in accordance with this agreement and shall survive this agreement.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY	Permit # _____
Application Reviewed By: _____	Date: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Received: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Comments: _____	_____