



TRANSPORTATION DEPARTMENT

636 St. Lawrence Street, Winchester, ON K0C 2K0

Tel: 613-774-2105 Fax: 613-774-5699

www.northdundas.com

FOR OFFICE USE ONLY

MC#: _____

Date Rec'd: _____

Date Ret'd: _____

APPLICATION FOR MUNICIPAL CONSENT

APPLICATION CLASSIFICATION: STANDARD (\$50, 15 DAYS), PRIORITY (\$250, 10 DAYS), RUSH (\$425, 5 DAYS)
Payment can be made over the phone by credit card, in-person using cash, debit, credit, cheque or cheque by mail.

Return Application to bsheldon@northdundas.com

APPLICANT:	
MAILING ADDRESS:	
PHONE:	EMAIL:
CELL:	FAX:
	CONTACT:

ROAD NAME: _____ CIVIC NO: _____ TOWN/VILLAGE: _____

LOT(S): _____ CONCESSION: _____ SIDE OF ROAD (N, S, E or W): _____

ROAD CUT REQUIRED: YES NO IF YES, SIZE OF EXCAVATION REQUIRED (AT SURFACE): _____ m x _____ m
 (If yes, \$3,750 deposit fee required)

DETAILED DRAWING (TO SCALE) ATTACHED: # OF PAGES: _____ AREA MARKED BY A STAKE / PAINT: YES NO

PROPOSED START DATE: _____ PROPOSED COMPLETION DATE: _____

PROPOSED WORK WILL BE CONSTRUCTED BY OUR OWN FORCES , OR BY THE FOLLOWING CONTRACTOR :

NAME: _____

CONTACT: _____

TELEPHONE/CELL: _____ FAX: _____

I/We hereby apply to the Corporation of the Township of North Dundas for permission to construct, alter, change the Right of Way described above and do hereby agree to conform to the Township's conditions, standards and specifications.

APPLICANT'S SIGNATURE _____ DATE _____

<p>COMMENTS/ CONDITIONS:</p> <ul style="list-style-type: none"> See Municipal Consent for Road Cut By-law No. 2021-56 and Fees and Charges By-law No. 2021-45 <p>_____</p> <p>_____</p> <p>_____</p>
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APPROVED BY: Jamie Cheney
 Director, Transportation Services

DATE APPROVED: _____
 (Consent valid for 12 months from date of approval)

APPROVAL SIGNATURE: _____