

THE CORPORATION OF THE TOWNSHIP OF LAKE OF BAYS
APPLICATION FOR ROAD CROSSING

GENERAL CONDITIONS

1. One 2"x4" wooden stake bearing Applicant's name shall be firmly placed in the area of the proposed road crossing location within 24 hours of this application.
2. All road-crossing applications to be accompanied by a payment of \$350.00 minimum. (\$50.00 to be retained by the Municipality as a permit fee, \$300.00 performance bond will be retained by the Municipality until final inspection is completed). The Corporation agrees to replace the hard surface using a portion of the deposit to cover all costs incurred. The Contractor agrees to rehabilitate the area to the satisfaction of the Road Superintendent or his designate. If the Contractor fails to rehabilitate the area the Municipality will carry out the work using the Contractor's deposit funds to cover the cost.
3. This agreement shall also cover alternate methods of road crossings such as water jetting, air jetting, auguring, jacking, etc. If such methods are used all work will require a final inspection by the Corporation.
4. The Contractor hereby agrees to indemnify and save harmless the Corporation against any claims whatsoever arising out of the said installations of services. Claims shall also include Workers Compensation and The Health and Safety Act. The Contractor further agrees to maintain traffic safety, and replace and compact the backfill material (including a 4" minimum of crushed gravel surface).
5. It is the property owner's responsibility to contact The Public Works Department for final inspection. If no final inspection has been made after a one-year period, the *municipality will retain* the performance bond. Call Public Works at 1-877-566-0005 or 705-635-2851.

THIS SECTION TO BE COMPLETED BY APPLICANT

NAME:	
ADDRESS:	POSTAL CODE:
TELEPHONE:	
ROLL NUMBER:	PERFORMANCE BOND: \$
LOCATION OF PROPOSED ROAD CROSSING: LOT:	CONCESSION:
WARD:	MUNICIPAL ROAD NAME:
LOCATION DESCRIPTION (ATTACH SKETCH IF AVAILABLE)	
DATE:	SIGNATURE:

PERMIT APPROVAL

To be completed by the Township of Lake of Bays before construction.

Office Use Only

Received by:	Date Received:
Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	Amount:
1.5.3010.5719	5.3.999935029
# 36 \$ _____	# 7 \$ _____

LOCATION INSPECTED BY _____

DATE _____

PHOTO TAKEN: YES NO CONCERNS: _____

REMARKS/INSTRUCTIONS TO APPLICANT: _____

MAILING DATE: _____

INSTALLATION APPROVAL

To be completed by the Township of Lake of Bays following completion
(Applicant to arrange for final inspection through Public Works Office)

APPROVED: YES NO DATE: _____

DEFICIENCIES (IF APPLICABLE) _____

INSPECTED BY: _____ DATE: _____

DIRECTOR OF PUBLIC WORKS OR DESIGNATE

COPY TO: APPLICANT TREASURY DEPARTMENT

DIRECTOR OF PUBLIC WORKS

PERFORMANCE BOND REFUND \$ _____ DATE _____

