

# Road Occupancy Permit # ( \_\_\_\_ - \_\_\_\_ )

## Permit for Retention of Construction Materials, Objects or Structures on the City Road Allowance

Transportation Services, c/o City Hall 426 Brant Street P.O Box 5013  
L7R 3Z6 Phone: (905) 335-7671 Fax: (905) 335-7874



Date of Application: \_\_\_\_\_ Time of Application: \_\_\_\_\_ AM / PM Staff: \_\_\_\_\_  
DD - MMM - YY

Preferred Method of Contact:  Fax  E-mail

**Applicant:** \_\_\_\_\_  
Ontario Corporation Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Proposed:**  
Date (from): \_\_\_\_\_ Date (to): \_\_\_\_\_ overnight storage YES / NO  
Location(s): \_\_\_\_\_  
Actions: \_\_\_\_\_

### Traffic Control Plan:

The Applicant must submit a traffic control plan with this permit application. The traffic control plan must be in compliance with the Ontario Traffic Manual, Book 7 Temporary Conditions.

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Occupancy Details: (check all that apply)

- Other  Storage Container  Crane / Vehicles  Material / Debris

If other, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Storage Container:**

Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description: \_\_\_\_\_ E-mail: \_\_\_\_\_

Overall Height: \_\_\_\_\_(m) \_\_\_\_\_(ft) Overall Width: \_\_\_\_\_(m) \_\_\_\_\_(ft)

Overall Length: \_\_\_\_\_(m) \_\_\_\_\_(ft) Overall Weight: \_\_\_\_\_(kg) \_\_\_\_\_(lbs)

Dumpster / Container left over night? Y / N

**Crane / Vehicles:**

C.V.O.R. License: \_\_\_\_\_ Gross Vehicle Weight: \_\_\_\_\_(kg) \_\_\_\_\_(lbs)

# of Axles: \_\_\_\_\_ Axle Spacing: \_\_\_\_\_

Other Details: \_\_\_\_\_

**Material:**

Description: \_\_\_\_\_ Quantity: \_\_\_\_\_

Other Details: \_\_\_\_\_

**Permit Requirements:**

**Permit Fee: \$95.72** Cash Certified Cheque Credit Card (Separate form to complete)

(Account # 533010 91172)

**Damage Deposit: \$1000**  Cash  Certified Cheque  Credit Card (Separate form to complete)

(Account # 4093120)

Liability Insurance: (Minimum \$5,000,000)  Copy of Policy (attached)

(The Corporation of the City of Burlington is to be listed as additional insured)

Firm: \_\_\_\_\_ Policy # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

