

Application for a Road Cut Permit

This form is authorized under the Road Activity By-Law No. 2003-445

A. Project Infor	mation		
Municipal Address, street name:			
Applicants Reference Number: (optional)			
	and size (m2) (size of cu	ut required in roadway only)	
1. On:			
From:			
To:			
Work v			
	☐ Roadway Size:	m2	
	☐ Sidewalk		
	□Blvd		
	□Other		
*** If o	ther please specify in de	escription of work	
^{2.} On:			
From:			
To:			
Work v	will take place in:		
	☐Roadway Size:	m2	
	□Sidewalk		
	□Blvd		
	□Other		
	ther please specify in de	escription of work	
3. On:			
From:			
To:			
Work v	will take place in:		

∏Roadway	Size:	m2
□Sidewalk		
□Blvd		
□Other		
***If other please s	specify in c	description of work
B. Purpose of Application		
Description of proposed work:		
For Dovement Contact	O Dormi	it Holder Contractor
For Payment Contact C. Permit Holder	Permi	it Holder Contractor
Last name:		
First name:		
Company name:		
Address:		
City, Province, Postal Code:		
24 hrs Emergency Contact Pho	ne Numbe	er:
Email:		
Cell number:		
Telephone number:		
Consultant Information (if appl	icable):	
D. Contractor		
	☐ Same	as Permit Holder
Last name:		
First name:		
Company name:		
Address:		
City, Province, Postal Code:		

24 hrs Em	ergency Contac	t Phone Number:	
Email:			
Cell numb	per:		
Telephon	e number:		
E. Appro	vals, Agreen	ents and Consent	
Please che	eck those that a	pply, provide reference numbers and attach any and all	supporting documentation:
	□City Co	ntract/CTY #:	
	[□D005:	
	□Develo	oment Application #:	
		oal Consent (MC) # or ry A Exemption:	
		g Permit Application #:	
	□Other:		
City of Ott	awa Project Ma	nager, Planner, or Approving agency name and contact	:
F. Traffic	: Managemer	nt	
		o Traffic Management Contact:	
○ Permit	t Holder 🔘 Co	ontractor Other	
Dates and	d hours of work		
Start Da (dd/mm/y		Lita Date:	uration of n Days)
Will this w	•	xemption from peak hours	○ NO
I f V = =		9:00 a.m. or 3:30 p.m. to 6:00 p.m.)?	
If Yes,		РМ ОВОТН	
1.	Г		<u> </u>
	Work on:		Lane Direction:
	Requires:	lanes of the existing lanes	
2.	Work on:		Lane Direction:
	Requires:	lanes of the existing lanes	
3.	Work on:		Lane Direction:
	l r	lanes of the existing lanes	

4.	Work on:				Lane Direction:	
	Requires:	lanes of the existing	ng	lanes		
Reason fo	r lane closure:			l		
Ontario Tı	raffic Manual Bo	ook 7 Traffic Layout used:				
Will this work require the relocation of a bus stop?			○ YI	ES .	○ NO	
Will this w	ork require the	detour of a bus route?	○ YI	ES	○ NO	
Will this w	ork close a bike	lane?	○ YI	ES	○ NO	
Will this w	ork require the	closure of a sidewalk?	○ YI	ES	○ NO	
Will this work be within 30m of a signalized intersection?			○ YI	ES .	○NO	
Will this w	ork require a ro	ad closure?	○ YI	ES	○ NO	
			(if yes please con	nplete Roa	d Closure Request Form)	
G. Decla	ration of App	olicant				
l, (print name) acknowledge that the permit holder, as well as anyone working on their behalf are subject to the Road Activity By-law No. 2003-445, as amended, as well as the conditions of the road cut permit. I declare that the information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge, and that I have the authority to bind the permit holder identified in Part C of this application.						
Signat	ure:		Date (dd/mn	n/yyyy):		

Detailed Sketch (or attach sketch of work to this form)					
Additio	onal Comments/explar	nations:			