

# PW Department

## Application for Road Occupancy/Closure

### FORM-PW-106



#### Application Process

To apply for a Road Occupancy Permit to facilitate the occupancy or closure of any Highway for any purpose and may include widening of driveway, placement of furniture, installation of services, newspaper box, etc. (except for the purpose of [Road Occupancy - Special Events](#) such as a parade or procession which is administered by the Clerks Division). The requested permit application may be approved upon the satisfaction of the Public Works Department that all conditions will be met by the applicant.

#### Applicant Information

Applicant Name	
Company (if applicable)	Cell
Street Address	Email
City	Insurance Co.
Postal Code	Policy No.
Phone	Expiry Date

#### Principal Applicant (Property Owner)

Owner Name (if not applicant)	
Street Address	Phone
City	Cell
Postal Code	Email

#### 24 hrs Emergency Contact Information

Name & Position:		
Phone #:	Day:	After Hours:

#### Project Information

<b>Duration (Check Appropriate)</b> <input type="checkbox"/> Short (1 Day Or Less) <input type="checkbox"/> Medium (2 – 7 Days) <input type="checkbox"/> Long (Over 7 Days) <input type="checkbox"/> Extended (30 Days Or More)	Road Name:
	From:
	To:
	Start Date:
	End Date:
Notes:	

Description of work: \_\_\_\_\_

Related Permit Applications : \_\_\_\_\_

#### Work Type (Check Appropriate)

Lane Closure Yes  No   
 Road Closure Yes  No   
 Traffic Control Plan Yes  No   
 (Required if "Yes" answered to either of above)

Minor Encroachment   
 Major Encroachment   
 (Degree of encroachment onto municipal right-of-way)

**Work Type - Cont'd (check all that apply)**


<input type="checkbox"/>	Access to Private Property	<input type="checkbox"/>	Augured/Bored Road Crossing	<input type="checkbox"/>	Boulevard Cut
<input type="checkbox"/>	Culvert Removal	<input type="checkbox"/>	Culvert Reinstatement	<input type="checkbox"/>	Ditching
<input type="checkbox"/>	Curb Reinstatement	<input type="checkbox"/>	Curb Cut	<input type="checkbox"/>	New Entrance
<input type="checkbox"/>	Pavement Cut	<input type="checkbox"/>	Repair Entrance	<input type="checkbox"/>	Sidewalk Cut
<input type="checkbox"/>	Sod / Turf / Landscape	<input type="checkbox"/>	Water/Sanitary Service	<input type="checkbox"/>	Utility
<input type="checkbox"/>	Municipal Consent	<input type="checkbox"/>	Other (please specify):		

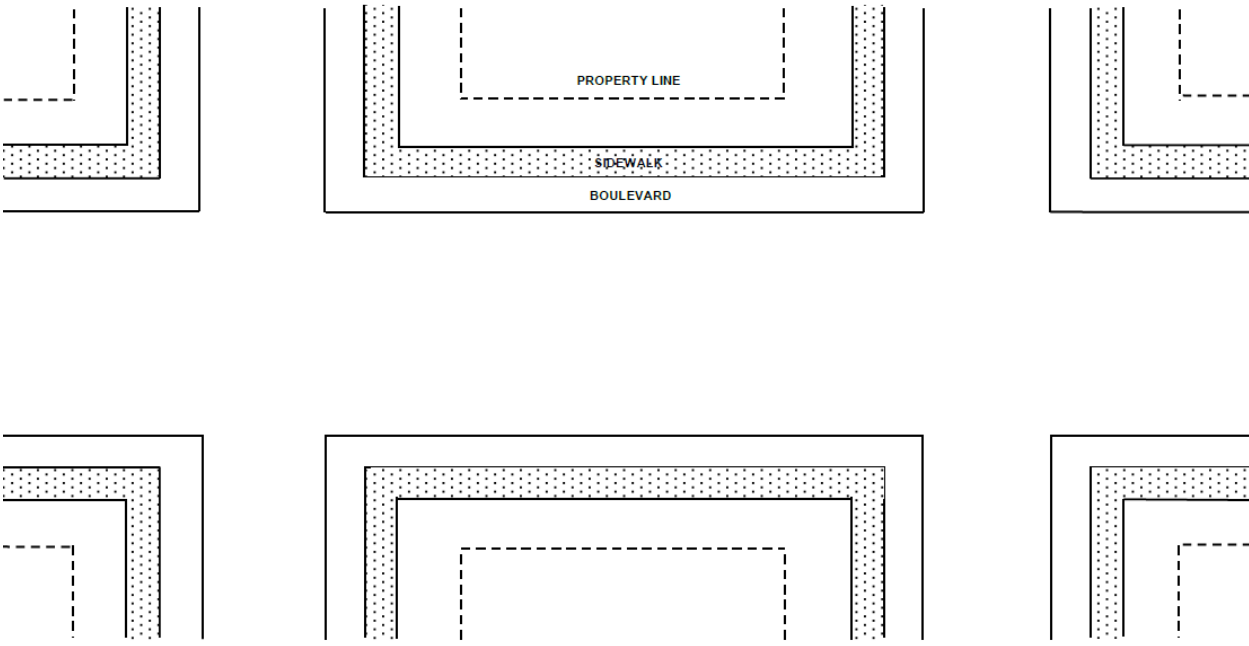
**Activity Description**

Please include a sketch (in metric) with the following information:

- Public roadway and any nearby roadway that may impact location of driveway;
- Dimensioned property limits, frontage, etc;
- Location of proposed driveway, including width, setback from property lines, identification of hydro poles, trees, etc. situated on municipal right-of-way in location of proposed driveway; setback from any trees or utilities within the vicinity of the proposed driveway;
- If two driveways, distance between driveway:
  - Grades (existing and proposed elevations);
  - Road furniture, lights, gates, etc. (existing and proposed);
  - Setbacks from intersections and/or other driveways;
  - Applicant to stakeout location (at property line) of proposed driveway.

If additional drawing provided, leave plan below blank.

INDICATE NORTH ARROW 



## Agreement and Signature

By submitting this application, the applicant affirms that the facts set forth in this document are true and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***Thank you for your interest in complying with the Township of King  
Road Occupancy and Road Closure By-law.  
Please submit completed form to [utilities@king.ca](mailto:utilities@king.ca)***

Personal information (PI) is collected on this form under the authority of the Municipal Act, s. 11. The purpose of this collection is to administer the Road Occupancy and Road Closure By-law. The personal information provided on this form is protected in accordance with Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Should you have any questions or concerns regarding the collection of personal information (PI), please contact the Corporate Services Department, King Township, 2585 King Road, King City, L7B1A1 (905) 833-5321.

<b><u>OFFICE USE ONLY</u></b>	
Reviewed By: _____	Permit No. _____
Inspected By: _____	Application Fee Paid    Yes <input type="checkbox"/> No <input type="checkbox"/> (non-refundable)
Approved By: _____	Security Deposit Paid    Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Permits Required (if yes, please specify) _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

# PW Department Permit for Road Occupancy/Closure



2585 King Road, King City, ON, CA, L7B 1A1

## Applicant Information

Applicant Name/Company (if applicable)		
Street Address		Permit No.
City	Postal Code	File No.
Fee		Security

## Detailed Occupancy Information

Municipality: Township of King	Effective Dates
Location/Roads	
Work Zone (see attached)	Work Description

## Terms and Conditions of this Permit

By submitting this application, the applicant agrees to abide by the following terms and conditions:

1. The characteristics and placement of all signs and traffic control or management shall conform to the standard of the Ontario Traffic Manual (OTM) Book 7 "Temporary Conditions" and as per the Occupational Health and Safety Act.
2. A 24-hour contact must be available through the duration of the project/work.
3. All work must be conducted between the hours of 7AM to 7PM Monday through Saturday, unless specified otherwise by the Director.
4. The permit holder assumes responsibility for all injury or damage arising from the permitted activity on the Municipal road allowance and agrees to indemnify the Township Corporation from all claims.
5. Work must be completed prior to the "effective to" date on this permit. After which, the applicant will have to re-apply to this department.
6. Permission for all work located within an existing work zone must be granted by the General Contractor occupying that work zone.
7. Damage to any trees, including root systems, must be avoided. If the possibility for damage to trees exist, please contact the York Region's Forestry Department (905) 830-4444 ext. 5204
8. The permit holder ensures that all disturbed/damaged areas are restored to original condition including: proper backfill using unshrinkable fill; compaction; surface restoration; topsoil; sod; sidewalks; and curbs, to the satisfaction of this department. Road Damage deposits or other securities will not be returned until all restoration work is inspected and accepted by the Director or his designate.
9. All municipal site restorations must be completed prior to the permit expiry date.
10. All Traffic Control Signs relating to the permitted works must be removed during times of inactivity, unless the safety of the travelling public necessitates the use of such signs.
11. This permit may be revoked at any time at the discretion of the Director.
12. This permit and File Numbers must be referenced when dealing with this office.
13. **This permit must remain on site during the course of the permitted activity.**

## Agreement and Signature

I, the undersigned, acknowledge the receipt of this permit and agree to comply with the terms and conditions therein:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:** The permitted occupancy is approved subject to the terms and conditions stated herein:

\_\_\_\_\_  
Director of Public Works (or designate)

\_\_\_\_\_  
Date