

Road Cut Application

Date of application: _____	RC Permis #: **Internal use only**
APPLICANT'S CONTACT INFORMATION	
Name of Applicant: _____	
Mailing Address: _____	
Phone Number: _____	
Email: _____	
Contact Person: _____	
Company: _____	
PURPOSE OF APPLICATION	
Description of proposed work: _____ _____ _____	
Contact person for payment : <input type="checkbox"/> Permit holder <input type="checkbox"/> Contractor	
DETAILS OF WORK AND SIZE (M2) (REQUIRED CUT SIZE IN ROADWAY ONLY)	
A) FIRST SITE FOR ROAD CUTTING	
Start date: _____ (dd/mm/yyyy)	End date: _____ (dd/mm/yyyy)
Will this work require an exemption form peak hours? Peak hours (AM) - 7:00 a.m. to 9:00 a.m. or Peak hours (PM) - 3:00 p.m. to 6:00 p.m.	
<input type="checkbox"/> No <input type="checkbox"/> Yes Select the appropriate period: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Both	
Work will take place:	
<input type="checkbox"/> Roadway: _____ Size: _____ m ²	
<input type="checkbox"/> Sidewalk: _____	
<input type="checkbox"/> Other: _____	
**If other, please specify in the "Description of proposed work" section.	

B) SECOND SITE FOR ROAD CUTTING (if applicable)	
Start date: _____ (dd/mm/yyyy)	End date: _____ (dd/mm/yyyy)
Will this work require an exemption form peak hours? Peak hours (AM) - 7:00 a.m. to 9:00 a.m. or Peak hours (PM) - 3:00 p.m. to 6:00 p.m.	
<input type="checkbox"/> No <input type="checkbox"/> Yes Select the appropriate period: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Both	
Work will take place:	
<input type="checkbox"/> Roadway: _____ Size: _____ m ²	
<input type="checkbox"/> Sidewalk: _____	
<input type="checkbox"/> Other: _____	

****If other, please specify in the "Description of proposed work" section.**

PERMIT HOLDER Same as the applicant

Last name: _____
First name: _____
Company name: _____
Address: _____
City: _____
Province, Postal code: _____
Email: _____
Cell number: _____
Consultant information (if applicable): _____

CONTRACTOR Same as the permit holder

Last name: _____
First name: _____
Company name: _____
Address: _____
City: _____
Province, Postal code: _____
Email: _____
Cell number: _____
24-hour emergency contact: _____

APPROVALS, AGREEMENTS & CONSENT

Please check those that apply, provide reference numbers and attach any and all supporting documentation.

- City Contract / CTY #: _____
- Development Application #: _____
- Municipal Consent: _____
- Building Permit Application: _____
- Other: _____

Town of Hawkesbury Project Manager, Planner, or Approving agency name and contact:

Signature: _____
Date: _____

TRAFFIC MANAGEMENT

For questions pertaining to Traffic Management, contact:

- Permit Holder
- Contractor
- Other

LANE CLOSURES

Street Name: _____
Lane Direction required (# of lane) _____ Existing lane (# of lane) _____
Street Name: _____
Lane Direction required (# of lane) _____ Existing lane (# of lane) _____

Reason for closure:

According to the traffic layout used as described in the Ontario Government Traffic Manual Government of Ontario (Book 7):

- Will this work close a bike lane? Yes No
- Will this work require the closure of a sidewalk? Yes No
- Will this work be within 30m of a signalized intersection? Yes No

Will this work require a road closure? Yes No

PROFESSIONAL SERVICE FEES

Inspection Fee: \$425 / day

**** Fees exclude testing services. Any testing requirement will be charge to the applicant**

**** Subject to change depending on the nature of the project ****

DECLARATION OF APPLICANT

I _____ acknowledge that the permit holder, as well as any person working on his behalf, is subject to the road activities by-law no. 2003-445, as amended, and to the conditions of the road cut permit. I declare that the information contained in this application, the attached schedules, the attached plans and specifications and the other attached documents is, to the best of my knowledge, correct and that I have the authority to represent the permit holder in this application.

Print Name

Title

Signature

Date

Please send the form by mail or electronically to the following email address:

tp-pw@hawkesbury.ca

****Note that the Road Cut permit is valid for only one year from date of issue. After this date, a new permit must be applied for, which also includes the applicable fees for issuing a permit.**

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Permit number: _____

Date of issuance of permit: _____

***** Internal use only *****

Plan modifications received and approved: _____

Road Cut Permit issued by: _____

"As-Built" document received: Yes No

Applicant has paid all associated fees: Yes No

Site visit and compliance with the above-mentioned work

The site as described in the application was visited by a public works representative prior to the scheduled work requested in this application.

Yes No Date of visit: _____

Name of public works representative: _____

The site as described in the application was visited by a public works representative after the work as mentioned in this application.

Yes No Date of visit: _____

Name of public works representative: _____

Site visited one (1) year after work was completed:

Yes No Date of visit: _____

Name of public works representative: _____

All requirements and verifications have been carried out and comply with existing standards. The file assigned to the permit number of this application is now considered complete.

Name of Public Works Manager

Date