



ROAD ALLOWANCE EXCAVATION PERMIT

Choose the appropriate department

130 Oxford St 2nd floor
Ingersoll, ON, N5C 2V5
PH:519-485-0120, Email to: engineering@ingersoll.ca

PUBLIC WORKS
 BUILDING
 ENGINEERING

Proposed Starting Date: _____ **Charge #** _____
Approx. Date of Completion: _____ **Permit #** _____

The person signing this request for services to be performed by the Town of Ingersoll, is an authorized personnel to legally bind his/her employer to be liable for the costs incurred to perform said services and materials, and is signing to acknowledge acceptance of all terms and conditions of payment for same.

PERMISSION GRANTED TO: _____
 Print Name: _____ **Signature:** _____
 Company Address: _____
 Phone: _____

SEND INVOICE TO:
 Contact Name: _____
 Company _____
 Address: _____
 Phone: _____

Issued by Town of Ingersoll Representative: _____ **Date:** _____

WITH INTENT TO: **FOR THE PURPOSE OF:**

remove pavement _____ remove curbing _____ remove sidewalk _____ dig up boulevard _____	installing _____ repairing _____ inspecting _____ other _____
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LOCATION OF WORK:
 Street Name and Number _____
 between _____ and _____

COMMENTS/DESCRIPTION OF PROPOSED WORK:

It is understood and agreed that the Applicant will provide all traffic control as required under the Occupational Health & Safety Act and Ontario Traffic Manual Book 7 and will make all appropriate temporary repairs in accordance with By-Law No. 01-3975. It is also understood and agreed that the Application will pay the Town's reasonable cost for repairs of the cut(s) within 30 days of invoice date.

Town of Ingersoll use:

Description of Work/Repair	Material				Labour		
	Description	Quantity	Stock/Co.	Invoice #	Company	Invoice #	Date

Date Work Inspected by Public Works and or Engineering Department: _____

Approved by: _____