



ROAD EXCAVATION APPLICATION

This application is for:

- Planned Work
Emergency Work

Application # Assigned by County

APPLICANT INFORMATION

APPLICANT NAME(S):
MAILING ADDRESS:
CITY: PROVINCE: POSTAL CODE:
TELEPHONE: EMAIL:

LOCATION OF PROPOSED WORK

County Road:
Closet PIN #:
Geographic Township:
Further description of location (if required):

DETAILS OF WORK TO BE COMPLETED

Start Date:
Completion Date:
Description of Work Being Performed:

Details of Excavation (how deep, how wide, etc.):

Restoration Details (how much asphalt, granular amounts, etc.):

Does the curb need to be replaced? _____

Does the curb need to be cut? _____

* A sketch of the work zone must be completed and accompany the Road Excavation Application. Please use the attached "Sketch Form" or attach your own electronic file. Utility locations are to be shown on the "Sketch Form".

A picture of the excavation site **MUST accompany your Road Excavation Application.

By executing this Road Excavation Application, the Applicant agrees to all applicable terms and conditions stated in By-Law #99-36, as available on the County website.

Applicant's Signature

Date

SKETCH ACCOMPANYING ALL APPLICATIONS

An accurate, complete sketch is mandatory
Please show all utility locations.

County Road Number: _____
County Road Name: _____

