



MUNICIPAL OPERATION CENTRE
P.O. BOX 998
408 JAMES STREET SOUTH
ST. MARYS, ON N4X 1B6
PHONE: (519) 284-2340 Ext. 213
FAX: (519) 284-0902

Municipal Consent Application Form

A municipal consent is required prior to any work performed within the right-of-way of assumed roads under the jurisdiction of the Town of St. Marys.

Name of applicant: _____ Telephone: _____

Mailing address: _____ Fax # : _____

Billing Information: _____

Contact Name: _____ Email : _____

Contractor Name: _____ Telephone # : _____

Location of work: _____

Description of work to be performed:

The work to be performed will:

Remove pavement

Remove sidewalk

Remove curbing

Dig up boulevard

Proposed starting date: _____ Proposed completion Date: _____

Attached drawing showing north arrow, street reference, house numbers, all existing details, including underground utilities, and the work to be performed at an appropriate scale.

It is understood and agreed that:

The approval is given on the understanding that the applicant has obtained the necessary information from other utilities as to their locations and clearances.

The Applicant will provide all traffic control as required under the Occupational Health & Safety Act and Ontario Manual Book 7.

The applicant will make all appropriate temporary repairs according to the Town's standards.

The applicant will pay for the work performed by the Town to restore the affected area.

Date of application: _____

Applicant Signature: _____

Date of approval: _____

Town Signature: _____