

For Use by Township	
Date Received:	Receipt No.:
Approved By:	

A. Applicant Information

Last Name	First Name	Organization		
Street Address			Unit Number	Lot/Con.
City	Postal Code	Province	E-mail	
Telephone Number	Fax		Cell Number	

B. Permit Information

Occupancy Type:
 Geotechnical/Survey
 Filming
 Event/Parade
 Utility Repair
 Utility Installation
 Forestry Works
 Half Load Exemption
 Construction
 Temporary Occupancy (includes, moving vehicles, trailers)

Dates Required: From: _____ To: _____
 Daily Inclusive

Times Required: From: _____ To: _____
 Daily Inclusive

C. Location/Activity Information

STREET:	BETWEEN:
AND:	IN THE TOWN/HAMLET OF:
LOCATION DETAIL:	
AREA OF OCCUPATION: <input type="checkbox"/> Sidewalk <input type="checkbox"/> Boulevard <input type="checkbox"/> Shoulder <input type="checkbox"/> Road Surface	

D. Application Attachments

Attachments:
 Insurance
 Traffic Plan
 Security
 Site Location Sketch
 Notification to:
 Fire Dept
 DRPS
 Durham EMS
 Durham Transit
 Student Transit
 By-Law Dept

E. Declaration of Applicant

I, we hereby agree to comply with all the provisions in By-law 36-05 with respect to the work for which this application is made and to the conditions set forth in this application and agree to assume all costs incurred by the Corporation of the Township of Scugog as a result of aforesaid closure or occupancy.
ANY BREACH OF THE CONDITIONS OF THIS PERMIT IS SUBJECT TO A PENALTY NOT EXCEEDING \$5,000.

Applicant Signature _____	Date _____
---------------------------	------------