

COUNTY OF HALIBURTON

PUBLIC WORKS DEPARTMENT

11 NEWCASTLE STREET

P.O. BOX 399

MINDEN, ON. K0M 2K0

705-286-1762 PHONE

705-286-4881 FAX

ROAD OCCUPANCY PERMIT APPLICATION

APPLICANT DATA

Last Name		Given Name (s)	
Address		City/Town	
Postal Code	Telephone	Fax	
Date of Application		Signature of Applicant	

OCCUPANCY TYPE

- | | |
|--|---|
| <input type="checkbox"/> Utility Installation | <input type="checkbox"/> Forestry/Tree Trimming |
| <input type="checkbox"/> Fencing Installation | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Utility Repair | <input type="checkbox"/> Geotechnical/Survey |
| <input type="checkbox"/> Planting/Beautification | <input type="checkbox"/> Other Encroachment |
| <input type="checkbox"/> Construction | |
| <input type="checkbox"/> Event/Parades | |

LOCATION DESCRIPTION

County Road No.: _____ Municipality: _____

Lot: _____ Concession: _____

Nearest Intersection: _____

Nearest Civic Address _____

DATE REQUIRED

From : _____

To: _____

Duration: _____

Primary Contact: _____

Cell No.: _____

GENERAL DESCRIPTION OF ACTIVITY (Incl. Traffic Control Plan)

PROOF OF INSURANCE

YES NO

FOR OFFICE USE

Location Inspected By: _____ Date: _____

FIELD INVESTIGATION

Road Authority Approval: _____ Date: _____