## Street Work Permit Application

PERMIT# \_\_\_\_\_

\_\_m Surface Type:\_ \_m Surface Type: \_ \_m Surface Type:\_ \_m Surface Type:\_

\_\_\_\_\_ Lane(s)

\_\_\_m

MC# \_\_\_\_\_

Dispatch Centre 1399 Franklin St., North Bay, ON Tel. (705) 474-4340 Fax (705) 474-3996

PublicWorksDispatch@cityofnorthbay.ca

or Landmark

\_at \_\_\_\_\_hrs.

\_\_\_\_Approval (CNB Initial): \_\_

Not Effected

Not Effected

	Α	CTIVITY LOCA	TION
Street Name	Mun. N	lo. L	.ot No.
Between		And	
Work is to be carried out by:		ease specify company, site	contact with Phone #
Name and Phone Number	(2 mandatory):		
After Hour Contact 1:		After Hour Co	ontact 2:
Work Schedule: Is scheduled to start on		athrs and	will be reopened
Excavation: Yes	N/A		
Roadway excavation is	m long and _	m wide at a d	epth ofr
Sidewalk excavation is	m long and _	m wide at a d	epth ofr
Boulevard excavation	m long and _	m wide at a d	epth ofr
<ul> <li>Other (*) excavation is</li> <li>*Other refers to Driveway, land</li> </ul>	m long and _ ndscaped area etc. Pleas	m wide at a c e specify surface type	lepth ofi
Will restoration be required			
Restoration Contractor(s):			
Traffic Control			
Roadway is to be: Fully	Closed with Detour	Partially Closed; Reduce	d to
Sidewalk is to be: Fully	/ Closed with Detour	Partially Closed; Reduce	d width to

Please provide a detailed Traffic Control Plan in accordance with the Ontario Traffic Manual (Current Edition) indicating all closure

performed by the City for work to be completed.

Comments:

Capital Works Comments: (if applicable)

Company Name and Addr	ess:		
Site Supervisor:			
Phone:			
Work CNB Inspection	:		
Complete	Incomplete	Acceptable	Unacceptable

Comments:



PERMIT#

		•	
NERA			
1.	insurance cer	tion, insurance certification to include <u>The Corporation of the City of North Bay</u> as an additio ification must be submitted.	
2.	Division for a	persons intending to perform work on City of North Bay property must first apply to the Eng municipal consent letter. This approval must be obtained prior to the commencement of wor	k.
3.	him/her.	ust be in the name of the person or persons performing the intended work and not the name	of an agent acting for
4. 5.		nce must be submitted by contractors to complete the work. assumes all maintenance and liability for temporary repairs until such time as permanent re ribed herein	pairs are completed for
6.		shall have the permit available at the times during which work is in progress.	
7.	Engineering c	comes null and void if the applicant should fail to meet the requirements of the permit, in wh r his/her designate shall take action they deem necessary to reinstate the site for public pro In all cases the decision of the Director of Engineering is final.	
8.	When unfores	een circumstances require an extension of the permit or a change in any of the conditions u he holder of the permit shall apply for such change at least 24 hours in advance. Failure to d	
9.	All barricades	, signs, signals, traffic control person(s), traffic control devices, detour design and signing sh al – Book 7 for Temporary Conditions (January 2014) requirements and shall be the sole	
10.	••	shall maintain access to all public and private properties for the duration of the work.	
11.		applicant's responsibility to request marking or other location information to determine the lo	ocation and provide
12.	All damaged,	r all utilities, both public and private, in accordance with current regulations. disruption or removal of existing works such as curb, sidewalk etc. as described in the perm	it, and damages related
	to the work act	ivity shall be reinstated by the applicant to current City of North Bay Standards. Compaction tests a	re required if requested by the Cit
13.		shall be responsible for attaining any and all other permissions and permits necessary to per g those from all applicable federal, provincial, and local government or agencies.	errorm the permitted
14.		705 497-5555 Fire 705-472-1221 Ambulance 705-474-7403 Public Works Dispatch 7	05-474-4340
15.	Other Specify		
		APPLICANT INFORMATION	
PLICAN	NTION SUBMI		
	NTION SUBMI ADDRESS:		
REET			
REET	ADDRESS:		
REET A BEHA	ADDRESS: NLF OF:	TED BY:	
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