

Town Use Only

PERMIT NUMBER

PAVING PERMIT APPLICATION FORM

Application Date:	Roll Number:			
PROPERTY OWNER INFORMATION	CONTRACTOR/AGENT			
Property Owner Name:	Applicant Name/Contractor:			
Mailing Address:	Mailing Address:			
Email:	Email:			
Phone:	Phone:			
Cell:	Cell:			
PERMIT INFORMATION				
Application is for a:				
LOCATION OF PROPERTY				
LOCATION OF PROPERTY: Municipal Address: Lot: Plan: Pt	Lot: Concession:			
LOCATION OF TURN OFF VALVE:				
of the undersigned, and that work <u>must not</u> begin be Occupancy Permit (ROP) obtained by the contracter holder of the responsibility of complying with relevant m respect to this application, I/we the Applicant/s for ours	d, altered, relocated, maintained or operated at the expense fore a permit has been issued by the Town and a Road or . The issue of a permit by the Town does not relieve the nunicipal by-laws. In consideration of any permit issued in selves our heirs, executors, administrators, successors and d be subject to the regulations and conditions of the said			

permit and to indemnify and save harmless, the Town of Georgina against all loss, cost, charges, damages, expenses, claims, and demands whatsoever to which the Town of Georgina may suffer or sustain or for which the Town of Georgina may be liable by reason of anything done in the construction, maintenance, alteration or operation of the works authorized.

DECLARATION: This approval is issued under the authority of the Town of Georgina *By-law 2004-0078 (PWO-2), 2017-0024 (PWO-2)* and the regulations pursuant thereto and is subject to the attached conditions.

PLEASE ALLOW APPROXIMATELY 8-10 BUSINESS DAYS FOR PERMIT APPROVAL ** All permit applied for during the winter season and subject to inspection in the spring **

Signature of Applicant:	Date:
Signature of Property Owner:	Date:
Customer Service Rep.:	Date Entered:

TOWN OF GEORGINA – PAVING PERMIT (Completed by the Town)		
Roads:		Date:
Water/ Wastewater:		Date: