

## **Road Occupancy and Encroachment Application**

Date of Application:	Project Number:	
Proposed Start Date:	Proposed Completion Date:	
Pavement Cut? Yes / No	Sidewalk Cut? Yes / No	
Work within ROW? Yes / No	Work on Roadway? Yes / No	
Proper Signage Available? Yes / No	Road Closure Required? Yes / No	
Check all that apply:		
Road Bore: Road Cut: Cur	b Cut: Tile Drain:	
Section One – Property Owner / Contractor Inform	nation	
Roll Number:	Lot: Con:	
Property Owner:	Phone Number:	
Owner's Address:		
Company / Contractor:		
Address:		
Telephone Number:	Cell Number:	
Email:		
Type of Installation:		
Location of Work:		
Contact Person:		
Insurance policy and Certificate attached? Yes / No		
Signature of Application of Company / Contractor		

Phone: 519-369-2200 Fax: 519-369-5962 <u>www.westgrey.com</u> info@westgrey.com

Sec	Road Restriction / One Way Traffic Flaggers Lane Closure Sidewalk	
	Shoulder Closure / Lane Shift	
Othe	her (please describe below):	
	traffic control plan must be submitted three (3) working days prio ke longer to complete a subsequent plan must be submitted until	
<b>Section Three – Drawings – See Attached Drawing</b> The location of construction must be carefully diagrammed or drawings must be attached to this application.		
 Dire	rector of Infrastructure and Public Works Date	