

RIGHT-OF-WAY APPLICATION

PROPERTY ADDRESS:	
Name of Applicant:	
Applicant Address:	Postal Code:
Phone (Business):	Alternate Phone:
Email Address:	

Name of Property Owner: <input type="checkbox"/> Same as above <i>OR:</i>	
Mailing Address:	Postal Code:
Phone (Business):	Alternate Phone:
Email Address:	

DESCRIPTION OF WORK:

WORK TYPE (COMPLETE ALL THAT APPLY):

<input type="checkbox"/> DRIVEWAY		<input type="checkbox"/> DRAWING PROVIDED	
Proposed Work:	<input type="checkbox"/> New Driveway <input type="checkbox"/> Replacement of Existing Driveway	_____ Total number of Driveways	
Type of Approach:	<input type="checkbox"/> Residential - There is a minimum of 8'-0" from the house to side property line: <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Commercial / Industrial	Site Plan Control Number (If Applicable) _____	
Driveway Material:			
<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other – Material Type _____ (Driveway Waiver required with application – See website)			
New Curb Cut? <input type="checkbox"/> No <input type="checkbox"/> Yes		Total Width Requested: _____	

<input type="checkbox"/> CULVERT/DITCH (AS-209A)		<input type="checkbox"/> DRAWING PROVIDED	
Type of Work:	<input type="checkbox"/> Proposed Driveway Culvert <input type="checkbox"/> Modify Existing Driveway Culvert	<input type="checkbox"/> Proposed Ditch Infill	
Adjacent Culvert Diameter:	Diameter Upstream: _____	Diameter Downstream: _____	
Proposed Pipe Material:	_____	Proposed Pipe Diameter: _____	
Existing Culvert Information (If Applicable): Existing Diameter: _____ Existing Culvert Material: _____			
Applied for the Culvert Rehabilitation Program (Visit E-Services on the City of Windsor Website) : <input type="checkbox"/> No <input type="checkbox"/> Yes			

<input type="checkbox"/> SEWER (CHECK ALL THAT APPLY)		<input type="checkbox"/> DRAWING PROVIDED	
Permit Type:	<input type="checkbox"/> New Tap/Connection	<input type="checkbox"/> Replacement of Existing Connection	
Type of Connection:	<input type="checkbox"/> Sanitary – Proposed Diameter _____	<input type="checkbox"/> Storm – Proposed Diameter _____	
Requested Number of Connections:	___ Sanitary Connection(s)	___ Storm Connection(s)	
Property Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial/Industrial	
Site Plan Control Number (If Applicable): _____ Stormwater Management Plan Required: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Location of Connection(s): <input type="checkbox"/> Existing Connection at Property Line <input type="checkbox"/> Tapping the Sewer Main <input type="checkbox"/> Unknown			

<input type="checkbox"/> HOARDING (CHECK ALL THAT APPLY)		<input type="checkbox"/> DRAWING PROVIDED	
Hoarding Type:	<input type="checkbox"/> Roadway <input type="checkbox"/> Boulevard, Sidewalk or Alley	Start Date: _____	End Date: _____
Closure Type:			
<input type="checkbox"/> Day Closure (Daylight Hours Only) <input type="checkbox"/> Detour Plan Approved By Transportation Planning			
<input type="checkbox"/> Overnight Closure <input type="checkbox"/> Detour Plan Approved By Transportation Planning <input type="checkbox"/> Insurance Provided			

<input type="checkbox"/> FLATWORKS/LANDSCAPING		<input type="checkbox"/> DRAWING PROVIDED	
Paved Areas (Other than Driveways)		<input type="checkbox"/> Lead Walks	
<input type="checkbox"/> Artificial Turf		Landscaping	

<input type="checkbox"/> MOVING (OVERSIZE/OVERWEIGHT)		<input type="checkbox"/> DRAWING PROVIDED	
<input type="checkbox"/> Route Approved By Traffic Operations and Approval Form Attached <input type="checkbox"/> Insurance Provided			

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<input type="checkbox"/> SIGN	<input type="checkbox"/> DRAWING PROVIDED
<input type="checkbox"/> A-Frame Sign (Reference <i>A-Frame Conditions – ROW 2018</i>)	Sign Dimensions: _____
<input type="checkbox"/> Community Event Sign - Charitable Registration Number: _____	Sign Dimensions: _____
<input type="checkbox"/> Memorial Sign - City Fabricated: <input type="checkbox"/> No <input type="checkbox"/> Yes	Sign Dimensions (30cm x 45cm MAX): _____
Streetlight Pole Location (nearest intersection): _____	Streetlight Pole Number: _____

<input type="checkbox"/> SIDEWALK SALE	<input type="checkbox"/> MAP OF EVENT PROVIDED
Date(s) of Event: _____	
Location of Event (include all streets): _____	
Start Time of Event: _____	Start Time of Event: _____ <input type="checkbox"/> Certificate of Insurance Provided

OTHER ROW APPLICATIONS	
Encroachments	<input type="checkbox"/> Complete and submit the Encroachment Application
Utilities	<input type="checkbox"/> Complete and submit the Application for Municipal Consent
Sidewalk Café	<input type="checkbox"/> Complete and submit the Sidewalk Cafe Application Package

Application is hereby made by the applicant listed above for permission to undertake the work described herein and in consideration of the granting of permission, the applicant hereby covenants and agrees to save harmless and indemnify the Corporation of the City of Windsor from and against all losses or damages and from all actions or claims which may be brought or made against the city in consequence of such work or resulting therefrom in any way.

The applicant further covenants and agrees to do all of the work and everything incidental thereto in accordance with the instructions of the City Engineer and with all possible diligence and dispatch.

The applicant further agrees that upon failure to comply with the provisions of a permit for the above work, the permission granted may be withdrawn or cancelled without notice by the City Engineer.

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION:

I / We also acknowledge that the information requested on this form is collected under the authority of *The Municipal Act, R.S.O. 2001* as amended. The information is required in order to process the application to administrative staff for review. The name and business address of the applicant and/or authorized agent is public information. The address of the property, which is the subject of the application, is also public information. Any other personal information will only be used for internal purposes.

APPLICANT'S NAME (PRINT): _____ **DATE:** _____

APPLICANT'S SIGNATURE: _____

SUBMISSION OPTIONS:

VIA EMAIL:

engineeringdept@citywindsor.ca

IN PERSON:

350 City Hall Square West - Suite 210
Windsor, ON, N9A 6S1

PAYMENT CAN BE MADE BY VISA, MASTERCARD, DEBIT, CASH OR CHEQUE

FOR APPLICATION INQUIRIES CONTACT:

Telephone: (519) 255-6257 ex. 6483 or 6359

Email: engineeringdept@citywindsor.ca

PLEASE NOTE THIS IS NOT A PERMIT