



ROAD CUT APPLICATION

NAME OF APPLICANT/AGENT: _____

ADDRESS: _____

TELEPHONE: _____

LOCATION

CONCESSION _____ LOT _____ HOUSE # _____

ROAD NAME _____

ROAD CUT REQUIRED FOR: _____

CONTRACTOR

WORK PERFORMED WILL BE DONE BY:

NAME(S): _____

ADDRESS: _____

TELEPHONE: _____

APPLICATION FEE PAYABLE TO *THE MUNICIPALITY OF SOUTH DUNDAS* SHALL ACCOMPANY THIS APPLICATION (REFUNDABLE SHOULD THE APPLICATION BE DENIED).

I/WE HERBY APPLY TO THE MUNICIPALITY OF SOUTH DUNDAS FOR PERMISSION TO CONSTRUCT THE ABOVE DESCRIBED AND DO HEREBY AGREE TO CONFORM TO THE CONDITIONS AND SPECIFICATIONS AS OUTLINED IN THE ROAD CUT REQUIREMENTS:

1. THE OWNER/APPLICANT MUST NOTIFY AUTHORIZED MUNICIPAL PERSONNEL TWO WORKING DAYS IN ADVANCE OF COMMENCEMENT. ALL WORK IN PROGRESS MUST BE INSPECTED AND APPROVED BY MUNICIPAL PERSONNEL.
2. AUTHORIZED MUNICIPAL PERSONNEL MUST INSPECT AND APPROVE ALL WORK IN PROGRESS, AND UPON COMPLETION WILL SIGN AND DATE PERMIT.

DATED _____ SIGNATURE _____

NOTE: THIS IS NOT A PERMIT. WORK MUST NOT BEGIN BEFORE DIRECTOR OF TRANSPORTATION HAS GIVEN APPROVAL TO PROCEED.