

APPLICATION FOR SANITARY & STORM LATERAL PERMIT
 CORPORATION OF THE CITY OF BRANTFORD – Engineering Services Division
 100 Wellington Square, Brantford, Ontario, N3T 2M2 ▪ (519) 759-4150

Rev. 0-2016	Under By-Law 142-2015	Permit No.
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THE APPLICATION SHALL BE ACCOMPANIED BY THE FOLLOWING:

1. TWO COPIES OF A PLAN CERTIFIED BY A PROFESSIONAL ENGINEER, SURVEYOR OR ARCHITECT.
2. THE APPLICATION FEE
3. **48 HOURS NOTICE IS REQUIRED (CONTACT JOE FABIANO, 519-759-1350, EXT. 5404)**

WORK PROPOSED	<input type="checkbox"/> STORM <input type="checkbox"/> SANITARY
LOCATION	SITE NAME: _____ CONSTRUCTION ADDRESS: _____ LOT/BLOCK #: _____ PLAN #: _____
SCHEDULING	ANTICIPATED CONSTRUCTION START DATE: _____ CONSTRUCTION PERIOD (WEEKS): _____
APPLICANT (IF NOT OWNER)	NAME OF FIRM: _____ MAILING ADDRESS: _____ E-MAIL ADDRESS: _____ CONTACT PERSON: _____ PHONE: _____
CONTRACTOR	NAME OF FIRM: _____ MAILING ADDRESS: _____ CONTACT PERSON: _____ PHONE: _____
OWNER	NAME OF OWNER: _____ MAILING ADDRESS: _____ E-MAIL ADDRESS: _____ CONTACT PERSON: _____ PHONE: _____

1. HAVE YOU CHECKED FOR UTILITY LOCATIONS IN THE AREA OF WORK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. HAVE YOU ENQUIRED WHETHER THE WORK PROPOSED REQUIRES SITE PLAN APPROVAL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. ARE THERE TREES LOCATED ON/ADJACENT TO MUNICIPAL LANDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. WILL THE PROPOSED CONSTRUCTION ACTIVITY IMPACT ANY ABUTTING LANDS EITHER PUBLIC OR PRIVATE? IF YES, PLEASE INCLUDE DETAILS IN WRITING WITH THIS APPLICATION.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. IS THIS APPLICATION TO SUPPORT A BUILDING/DEMOLITION PERMIT? (NOTE: THIS PERMIT IS FOR RELATED GRADING ONLY. A BUILDING PERMIT IS REQUIRED FOR THE ACTUAL DEMOLITION).	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I HEREBY GRANT THE CITY OF BRANTFORD PERMISSION TO ENTER THE SUBJECT LANDS TO INSPECT THE PROPOSED WORK FOR WHICH THIS INSPECTION APPLIES TO.

OWNERS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	
FEE: \$ _____	RECEIPT #: _____

Personal information on this form is collected and used for the purpose collected under the authority of Municipal Act, as amended. Questions about the collection of personal information should be directed to: Records and Freedom of Information Officer, Clerk's Department, 519-759-4150.