

Mailing:
17250 Yonge Street, Box 147
Newmarket, ON L3Y 6Z1
Delivery:
90 Bales Road East, Sharon



Transportation Services
Corridor Control Permit for Road Occupancy
Film & Event Application Form

Branch Contact Info:
(905)830-4444
(877) 464-9675
Fax: (905) 895-3047
email: permits@york.ca

APPLICANT INFORMATION

**** PLEASE PRINT ****

OWNER/COMPANY/ORGANIZATION	
Company:	_____
Contact:	_____
Title:	_____
Address:	_____
City:	_____ Prov: _____
Postal/Zip:	_____
Phone:	_____
Fax:	_____
Cell:	_____
Email:	_____

CONTRACTOR/AGENT	
Company:	_____
Contact:	_____
Title:	_____
Address:	_____
City:	_____ Prov: _____
Postal/Zip:	_____
Phone:	_____
Fax:	_____
Cell:	_____
Email:	_____

PERMIT INFORMATION

Occupancy Type:	<input type="checkbox"/> Film/Photo	<input type="checkbox"/> 1 Day Festival	<input type="checkbox"/> 1 Day Sports Event
	<input type="checkbox"/> Parade	<input type="checkbox"/> Multi Day Festival	<input type="checkbox"/> Multi Day Sports Event
Organization Type:	For Profit <input type="checkbox"/>	For Community <input type="checkbox"/>	For Charity <input type="checkbox"/>
		Registration #	_____
Dates:	From: _____	To: _____	<input type="checkbox"/> Daily <input type="checkbox"/> Inclusive
Times:	From: _____	To: _____	<input type="checkbox"/> Daily <input type="checkbox"/> Inclusive
Primary Emergency Contact:	_____	Cell No.:	_____

LOCATION/ACTIVITY INFORMATION

Activity Description:	_____		
Town/City:	_____	Region Road:	_____
Between:	_____	And:	_____
Location Detail:	_____		

TRAFFIC MANAGEMENT

Zone Required:	<input type="checkbox"/> Intermittent Road Closure	<input type="checkbox"/> Boulevard/Shoulder	<input type="checkbox"/> Multiple Lane Closure	<input type="checkbox"/> Sidewalk Use
	<input type="checkbox"/> Full Road Closure	<input type="checkbox"/> Single Lane Closure	<input type="checkbox"/> Intersection Impact	<input type="checkbox"/> Lane Use
Traffic Plan:	OTM Book 7 Figure ID <input type="checkbox"/>	Custom Plan <input type="checkbox"/>	(To be submitted for review)	

ATTACHMENTS

<input type="checkbox"/> Insurance Certificate	<input type="checkbox"/> Custom Traffic Plan	<input type="checkbox"/> All 24 Hr Contacts	<input type="checkbox"/> Proof of valid Charity
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FEE'S

Permit Fee (required on "for profit" events. All fees are as shown on www.york.ca/roadpermits website)	_____
Security Deposit (Payment accepted by certified cheque or credit card only)	To be calculated after submission
**** Applicant will be notified of total payment prior to processing	****Total _____

PAYMENT (required prior to permit issuance)

Cheque payment can be made by phone, mail or, delivery at the addresses indicated above.
Credit Card payment (Visa & Mastercard only) can be made by completing below

Name on Card:	_____	Expiry Date (MM/YY):	_____
Credit Card Type:	_____	Security Code:	_____
Card Number:	_____		

NOTES:

A security deposit may be required