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Branch Contact Info: (905)830-4444 (877) 464-9675 Fax: (905) 895-3047

email: permits@york.ca

						tion Form ** PLEASE PRINT **							
OWNER/COMPANY/ORGANIZATION								CONT	RACTOR	/AGENT	Ī		
Company:					Compai	ny: _							
Contact:					Conta	ct: _							
Title:					Tit	le: _							
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PERMIT INFOR	RMATION						1			-		1	- 1
Occupancy Type:		Construction - York Region Construction - Other		Geotechn Survey/In		-		Utility Inst Utility Rep				Forestry Encroach	
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Times:		From:		_	1	Го:						Daily	Inclusive
Primary Emerge		<u> </u>						Cell No.: _					
LOCATION/AC	TIVITY IN	FORMATION											
Location Detail:													
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Between:					Region Roa								
Activity					AI	nd:							
Description:													
	Is a paver	nent cut required to do the wo	rk?	YES	NO	(i	if Yes, Pa	vement De	egradatio	on fees	will apply	/)	
TRAFFIC MANA	AGEMEN1	-											
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Required:		Full Road Closure		Single Lar	•			Intersection		l l		Lane Use	
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Permit adjustments requested by the applicant will be charged a permit revision fee Permit fees include 1 inspection, a re-inspection fee will be charged for additional inspections Based on permit type, a security deposit may be required