

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



**Transportation Services  
Corridor Control Permit for Road Occupancy  
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	CONTRACTOR/AGENT
Company: _____	Company: _____
Contact: _____	Contact: _____
Title: _____	Title: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal/Zip: _____	Postal/Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

**PERMIT INFORMATION**

Occupancy Type: <input type="checkbox"/> Construction - York Region <input type="checkbox"/> Construction - Other	<input type="checkbox"/> Geotechnical <input type="checkbox"/> Survey/Inspection	<input type="checkbox"/> Utility Install <input type="checkbox"/> Utility Repair	<input type="checkbox"/> Forestry Works <input type="checkbox"/> Encroachment
Approval No.: _____ (York Region Contract or other Approval)			
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**

Location Detail: _____
Town/City: _____ Region Road: _____
Between: _____ And: _____
Activity Description: _____
Is a pavement cut required to do the work? <input type="checkbox"/> YES <input type="checkbox"/> NO (if Yes, Pavement Degradation fees will apply)

**TRAFFIC MANAGEMENT**

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

**OTHER DOCUMENTS**

<input type="checkbox"/> Insurance Certificate Attached	<input type="checkbox"/> Custom Traffic Plan
<input type="checkbox"/> Insurance Certificate previously submitted	<input type="checkbox"/> Site Drawings
Expiry Date of Policy _____	<input type="checkbox"/> All 24 Hr Contacts

**FEES**

Permit Fee (All fees are as shown on [www.york.ca/roadpermits](http://www.york.ca/roadpermits) website) \_\_\_\_\_

**Road Closures and Peak Hours Lane Closure**  
(If approved by Transportation Services)  
(Map at [york.ca/maps/road](http://york.ca/maps/road) classes)

	No. of Days		No. of Lanes		Fee /day /lane	
Road Class Category 1	<input type="text"/>	X	<input type="text"/>	X	<input type="text"/>	= <input type="text"/>
Road Class Category 2	<input type="text"/>	X	<input type="text"/>	X	<input type="text"/>	= <input type="text"/>

**Pavement Degradation**  
(Map at [york.ca/maps/pavement](http://york.ca/maps/pavement) condition)

	Total Length		Total Width		***No. of Locations		Fee /sq. m.	
Pavement Category 1	<input type="text"/> + 2m X		<input type="text"/> + 2m X		<input type="text"/> X		<input type="text"/>	= <input type="text"/>
Pavement Category 2	<input type="text"/> + 2m X		<input type="text"/> + 2m X		<input type="text"/> X		<input type="text"/>	= <input type="text"/>
Pavement Category 3	<input type="text"/> + 2m X		<input type="text"/> + 2m X		<input type="text"/> X		<input type="text"/>	= <input type="text"/>
Pavement Category 4	<input type="text"/> + 2m X		<input type="text"/> + 2m X		<input type="text"/> X		<input type="text"/>	= <input type="text"/>
Pavement Category 5	<input type="text"/> + 2m X		<input type="text"/> + 2m X		<input type="text"/> X		<input type="text"/>	= <input type="text"/>

**Security Deposit (Payment accepted by certified cheque or credit card only)**

York Region Construction - Project GL Account Code \_\_\_\_\_ \*\*\*\*Total \_\_\_\_\_

\*\*\* Minimum 1 sq. m. fee will apply to each location less than 1 sq.m. asphalt disruption (ie: boreholes)  
\*\*\*\* Applicant will be notified of any discrepancies prior to processing payment

**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:**

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