



Application for Excavation Permit

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

For use by the Town of Blind River

Permit Number:	Roll Number:
Date Received:	57-38-000-

Application submitted to : The Corporation of the Town of Blind River

A. Project Information

Location/ Street Address	
Length of Trench:	Depth of Trench:
Width of Trench:	Nature of Soil:
Permit Required for:	
<input type="checkbox"/> PAVED ROAD	<input type="checkbox"/> UNPAVED ROAD
<input type="checkbox"/> CURB	<input type="checkbox"/> BELL SERVICE
<input type="checkbox"/> SIDEWALK	<input type="checkbox"/> PAVED BLVD
<input type="checkbox"/> PAVED BLVD	<input type="checkbox"/> NEW FOUNDATION
<input type="checkbox"/> CURB CUT	<input type="checkbox"/> GAS SERVICE
<input type="checkbox"/> UNPAVED ROAD	<input type="checkbox"/> SEWER SERVICE
<input type="checkbox"/> WATER SERVICE	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> REPAIRS	
Additional Information:	

B. Applicant/ Person in Charge Applicant is : Owner Authorized Agent of Owner

Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell	

C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell Number	

D. Excavation Contractor			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell Number	

E. Declaration of Applicant	
I	<div style="border: 1px solid black; width: 400px; height: 25px; margin-bottom: 5px;"></div> <p style="text-align: center;">(print name)</p> <p>declare that:</p> <ol style="list-style-type: none"> 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p style="text-align: center;">Date</p> </div> <div style="width: 55%; border-top: 1px solid black; margin-top: 20px;"></div> <div style="width: 40%; text-align: right;"> <p>Signature of Applicant</p> </div> </div>

**** Copies of all utility locates must accompany this application form for the application to be deemed complete.**

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1-800-400-2255