

Excess Load Permit Application

Application #P11-__-20__

Personal information collected on this form is collected under the authority of the Municipal Act, 2001, as amended, for the purposes of reviewing this application. Questions regarding the collection of personal information should be directed to the Township of Tyendinaga, 859 Melrose Road, Shannonville, ON, K0K 3A0, telephone 613- 396-1944 Clerk's Department.

Please Print Clearly

Applicant Information

Name of Organization			
Contact Person		<i>Name</i>	<i>Title</i>
Address	<i>Street Name & Number</i>		<i>P.O. Box</i>
			<i>Apt or Unit #</i>
<i>City</i>	<i>Province</i>		<i>Postal Code</i>
Home Phone:		E-Mail Address:	
Business Phone:		Fax Number:	

Contact Person (If different from above)

Serviced Provider Information			
<i>Only if different than Applicant</i>			
Contact Person		<i>Name</i>	<i>Title</i>
Address	<i>Street Name & Number</i>		<i>P.O. Box</i>
			<i>Apt or Unit #</i>
<i>City</i>	<i>Province</i>		<i>Postal Code</i>
Home Phone:		Email Address:	
Business Phone:		Fax Number:	

Description of Load

Type of Cargo	e.g. Construction Equipment
Type of Vehicle	e.g. Commercial Motor Vehicle and Trailer Float, all bearing registration valid in Ontario
Route	Roads to be traveled

Load Dimensions	Height(M)	Width(M)	(Length(M)	Weight
	Max 4.2m at the C.N.R. Bridge Overpass on Old Hwy #2			In Accordance with the Highway Traffic Act

Movement Dates:

Start Date:

End Date:

Weekend Travel Requested

Fees as per By-law 16-22

****Additional fees may apply if damage to the road(s) and/or signage occasioned**

\$60.00

One-time Permit

\$240.00

Annual Permit

Declaration

I/we understand that under the provision of subsection 110(5) of the Highway Traffic Act, the owner, operator or mover of a heavy vehicle, load, object or structure in respect of which a permit is granted under this section is responsible for all damages that may be caused to the highway, by reason of the driving, operating or moving of any such heavy vehicle load, object or structure.

I have/will submit an Insurance Certificate naming The Corporation of The Township of Tyendinaga as an Additional Insured with a minimum coverage of \$5 million for each of the following; commercial general liability and automobile liability. The applicant certifies that the information contained in this application is true and acknowledges and accepts the responsibilities imposed by law on the applicant in relation to the operation of a commercial motor vehicle under the authority of the permit(s) issued pursuant to this application.

Name (Print)

Signature of Authorized Applicant

Date

Additional Comments and/or Map

Comments

Insert Drawings (Indication the direction North)

Office Use Only

Date:				<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
Signature of Authorized Township Staff		Name & Title					
Administration							
Excess Load Request Processed:							
Date Payment Received:		Invoice Processed		Yes	No		
Invoice Processed:		Yes	No	Invoice#			