TAY TOWNSHIP

OVERSIZED LOAD & MOVING PERMIT APPLICATION

450 PARK ST. P.O. BOX
100 VICTORIA
HARBOUR ONTARIO
L0K 2A0

PHONE (705) 534-7248
FAX (705) 534-4493

Company Name: _____ **Telephone:** _____

Contact Name: _____ **Address**: _____

Email Address: _____

1. **CVOR**: _____

2. **Please provide a detailed description of the proposed move.**

_____

_____

_____

3. **Please identify the individual, company, or contractor responsible for transporting or moving the proposed item(s).**

_____

_____

_____

4. **Please identify all Township of Tay roads and roadways proposed to be travelled during the transportation or movement of the load.**

_____

_____

_____

5. **The applicant shall maintain commercial general liability insurance with a minimum coverage limit of $1,000,000.00 per occurrence. A certificate of insurance or copy of the insurance policy must be provided as proof of coverage.**

The permit shall be subject to the following conditions:

i) The permit holder shall be fully responsible for any claims for any accident or damage which may arise against the Corporation of the Township of Tay due to the various equipment occupying our roads/highways while the move or moves are being made. You must have in force and effect liability insurance in the amount of one (1) million dollars.

ii) The permit holder shall be responsible for regulation of traffic.

iii) The permit holder shall notify the Township, 24 hours in advance, of the approximate time of the move.

iv) This permit does not apply to roads or structures which have been posted for reduced loads.

v) The permit holder is responsible for all the overhead utility lines and that you must obtain clearances from, and arrange with the appropriate utility for its' assistance. Permit is subject to weather conditions permitting the move(s). It will be your responsibility to arrange for Police Escort, if required.

PROPOSED MOVING DATE: _____

If you agree with the above noted conditions, please sign, date and return this form with the terms therein.

_____

Print Name **Signature**

Date: _____

OFFICE USE ONLY

Comments:

_____

_____

_____

Shawn Berriault **Date:**

General Manager, Operational Services

Township of Tay

Tel: 705-534-7248 Fax: 705-534-4493