



**Proposed Surface Restoration  
Required Due to Work**

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**Hard Surfaces** (asphalt/concrete, IPS)

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Type	Size
_____	_____
_____	_____
_____	_____
_____	_____

Type	Size
_____	_____
_____	_____
_____	_____
_____	_____

**Soft Surface** (sod)

**Soft Surface** (sod)

Type	Size
_____	_____
_____	_____
_____	_____
_____	_____

Type	Size
_____	_____
_____	_____
_____	_____
_____	_____

In consideration of the issuance of this permit, the application agrees to carry out all restoration required to the satisfaction of the City Engineer or their designate or assumes the cost of such work as deemed by the City Engineer or designate. On signing this application, the applicant agrees to save the City, its officers, employees, and agents harmless from all costs, damages and liabilities which may accrue or be claimed to accrue by reasons of any work performed under this permit. This permit shall be terminated if no work commenced within twenty (20) calendar days of permit issuance.

Please confirm that you have applied for a locate through Ontario One Call

**Signatures**

Applicant Printed Name

Applicant Signature

City Engineer Designate

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