



**BROCKVILLE**  
CITY OF THE 1000 ISLANDS

# Excavation Permit

Permit Fee: \$85.00      Submit form and payment to the Customer Service Department at City Hall.

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_      Mobile/ Work #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Did you apply for Municipal Consent:      Yes      No

If Yes, Municipal Consent Number: \_\_\_\_\_

Check this box to confirm you have applied for a locate through Ontario One Call Locate

Locate Request Number: \_\_\_\_\_

## Proposed Surface Restoration

Hard Surfaces (asphalt/ concrete, IPS)	
Type	Size

Soft Surface (sod, gravel,sand, topsoil)	
Type	Size

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

In issuance of this permit, the applicant agrees to carry out all restoration to the satisfaction of the City representative. On signing the application, the applicant agrees to bare all costs, damages and liabilities associated with the work performed under this permit. This permit will be terminated sixty (60) calendar days after it's issuance.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please note, typing your name in this box will be taken as an e- signature.*



# Excavation Permit

To be Completed by the City of Brockville Representative

Permit Number: \_\_\_\_\_

Work Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Location: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

Additional Notes : \_\_\_\_\_

\_\_\_\_\_

Permission is hereby granted under provisions of by-law #24-2022  
to carry out the following work listed above:

Approved

Declined

City Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit form and payment to the Customer Service Department at City Hall.**

For Questions Call (613) 341-2292