

**DISTRICT OF CHETWYND  
STREET AND TRAFFIC REGULATION BYLAW NO. 909, 2009**

**SCHEDULE "A"**

**APPLICATION AND PERMIT TO CONSTRUCT WORKS WITHIN THE  
DISTRICT OF CHETWYND**

DATE: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_

Permittee: \_\_\_\_\_  
(Company Name)

Applicant's Name (primary) \_\_\_\_\_ Business Address and Telephone No. \_\_\_\_\_

Applicant's Name (secondary) \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

Starting Date \_\_\_\_\_ Completion Date \_\_\_\_\_ Name of Street \_\_\_\_\_

Nearest Intersecting Street to Excavation \_\_\_\_\_ Street number of abutting properties \_\_\_\_\_

Size of Excavation \_\_\_\_\_ Distance of Excavation from curb or  
(width, depth, length) \_\_\_\_\_ pavement edge (feet) (meters) \_\_\_\_\_

Purpose of Excavation and Construction \_\_\_\_\_

I, being the permittee or an authorized person for the Permittee, agree with the following terms, conditions and requirements of the application and permit:

1. All application fees and damage deposits will be paid at the time of application. No application will be accepted without payment of the application fees and damage deposit;
2. The applicant agrees to abide by all regulations, bylaws and policies of the District of Chetwynd, all plans and specifications submitted by the applicant, and any special conditions applied to this application by Council or the Director of Engineering and Public Works;
3. This permit is not transferable;
4. The Permittee will comply with W.C.B. Industrial Health and Safety Regulations and Standards;
5. All authorized temporary structures must be removed before the expiry date of this permit;
6. This permit is not valid until signed by the Municipality and the Permittee;
7. The Permittee will provide proof of comprehensive all-risk liability insurance coverage in an amount not less than Five Million Dollars (\$5,000,000) per occurrence, with the District of Chetwynd as additional named insured;
8. This permit may be cancelled at any time without notice by the District of Chetwynd;
9. The Permittee must provide proof of all valid business licences issued by the District of Chetwynd for all contractors working on site;
10. Damage Deposits are refundable, however, cleanup and/or repair of damage to municipal property will be charged to the applicant at cost and will be deducted from the damage deposit, and the balance will be returned to the applicant. If the damage incurred exceeds the amount of the damage deposit, the applicant must pay to the municipality the excess amount for the repair and cleanup costs within 30 days of the termination of the permit. Failure to pay the costs of cleanup and/or repair of damages may result in no future permits being issued to the applicant;
11. Additional special conditions may be imposed by the District of Chetwynd, as necessary, during the performance of the authorized work.

**SPECIAL CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use additional sheets if necessary)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant (signature) Witness

\_\_\_\_\_  
Applicant (please print name)

**ATTACHMENTS:**

- \$100.00 Application Fee       Proof of Liability Insurance       Damage Deposit

The information provided on this form is gathered under the authority of the District of Chetwynd Street and Traffic Regulation Bylaw No. 909, 2009 and will be used for the purpose of administration and enforcement of that bylaw. Collection of personal information is subject to the *Freedom of Information and Protection of Privacy Act* (the *Act*). For information relating to the *Act*, contact the FOI Coordinator appointed by the Council of the District of Chetwynd during normal business hours at 250 401-4100 or at the offices located at 5400 North Access Road, Chetwynd, BC

**APPROVAL:**

This approval is for the aforementioned works and is at all times subject to the terms and conditions of this permit. This permit shall commence on \_\_\_\_\_ and expire on \_\_\_\_\_.

\_\_\_\_\_  
Director of Engineering and Public Works Date  
(or designate)

**FOR DEPARTMENTAL USE ONLY**

Plans approved by: \_\_\_\_\_ Date application approved: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Inspection Fee: \_\_\_\_\_

Amount refunded: \_\_\_\_\_ Date of Refund: \_\_\_\_\_

Insurance required:     Yes     No      Date Received: \_\_\_\_\_

As-Builts required:     Yes     No      Date Received: \_\_\_\_\_

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

Reason Permit Revoked: \_\_\_\_\_

Date Permit revoked: \_\_\_\_\_ By whom: \_\_\_\_\_

Final Inspection Approval:     Yes     No      Date of final inspection: \_\_\_\_\_