



**TOWNSHIP OF ZORRA  
WORK AND ROAD USE PERMIT**  
Application and permit to undertake work within a Township of Zorra  
Road Allowance or on a Township of Zorra Road  
Your original permit must be present at the work zone

**OFFICE USE ONLY**  
Work Permit No.:

FEE \$155.00

|                                   |            |
|-----------------------------------|------------|
| <b>Work Location</b>              | Road Name: |
| <b>Township of Zorra Rd. No.:</b> |            |

|                                        |  |
|----------------------------------------|--|
| Closest Address <i>or</i>              |  |
| Distance to Two Nearest Cross Streets: |  |

|                                                     |  |
|-----------------------------------------------------|--|
| Description of Work:<br>(attach sketch if required) |  |
|-----------------------------------------------------|--|

|                                     |                                                                        |
|-------------------------------------|------------------------------------------------------------------------|
| Owner (Proponent) Name and Address: | Contractor Name and Address: <input type="checkbox"/> or same as Owner |
| Job, PO or LOI Number               |                                                                        |

|                |                                    |
|----------------|------------------------------------|
| Owner Contact: | Contractor's Site Foreman (print): |
|----------------|------------------------------------|

|            |            |
|------------|------------|
| Telephone: | Telephone: |
|------------|------------|

|       |       |
|-------|-------|
| Cell: | Cell: |
|-------|-------|

|      |      |
|------|------|
| Fax: | Fax: |
|------|------|

|        |        |
|--------|--------|
| Email: | Email: |
|--------|--------|

|                                    |                                    |                                |                               |
|------------------------------------|------------------------------------|--------------------------------|-------------------------------|
| Excavation: (check all that apply) | Boulevard <input type="checkbox"/> | Ditch <input type="checkbox"/> | None <input type="checkbox"/> |
|------------------------------------|------------------------------------|--------------------------------|-------------------------------|

|             |            |            |  |
|-------------|------------|------------|--|
| Length (m): | Width (m): | Depth (m): |  |
|-------------|------------|------------|--|

|                                     |                                    |                                |                               |
|-------------------------------------|------------------------------------|--------------------------------|-------------------------------|
| Restoration: (check all that apply) | Boulevard <input type="checkbox"/> | Ditch <input type="checkbox"/> | None <input type="checkbox"/> |
|-------------------------------------|------------------------------------|--------------------------------|-------------------------------|

|                           |                   |
|---------------------------|-------------------|
| Restoration completed by: | Restoration Date: |
|---------------------------|-------------------|

*Hard surfaces are not to be open cut or disturbed. Directional bore only. Request for a hard surface cut requires attachment of additional justification.*

|                 |                                     |             |
|-----------------|-------------------------------------|-------------|
| Schedule Dates: | Time: <b>9:00 a.m. to 3:00 p.m.</b> | Other Time: |
|-----------------|-------------------------------------|-------------|

|                  |                               |                               |                               |
|------------------|-------------------------------|-------------------------------|-------------------------------|
| Roadway Closure: | FULL <input type="checkbox"/> | LANE <input type="checkbox"/> | NONE <input type="checkbox"/> |
|------------------|-------------------------------|-------------------------------|-------------------------------|

|                                                  |  |
|--------------------------------------------------|--|
| Description of lane restriction:                 |  |
| <i>Attach traffic control plan as per Book 7</i> |  |

|                                        |               |                  |  |
|----------------------------------------|---------------|------------------|--|
| Amount of Owner (Proponent) Insurance: | Certificate # | Expiration Date: |  |
|----------------------------------------|---------------|------------------|--|

|                                 |               |                  |  |
|---------------------------------|---------------|------------------|--|
| Amount of Contractor Insurance: | Certificate # | Expiration Date: |  |
|---------------------------------|---------------|------------------|--|

*Please attach copies of each certificate*

|                            |           |                                   |                                                  |
|----------------------------|-----------|-----------------------------------|--------------------------------------------------|
| <b>FOR OFFICE USE ONLY</b> |           |                                   |                                                  |
| Conditions of Approval:    | Fee \$150 | Received <input type="checkbox"/> | <b>FEE MUST BE PAID PRIOR TO WORK COMMENCING</b> |

|                    |                             |                              |            |
|--------------------|-----------------------------|------------------------------|------------|
| Open Cut Approved: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Date _____ |
|--------------------|-----------------------------|------------------------------|------------|

|                             |                             |                              |              |                |
|-----------------------------|-----------------------------|------------------------------|--------------|----------------|
| Municipal Consent Required: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Consent No.: | Date Obtained: |
|-----------------------------|-----------------------------|------------------------------|--------------|----------------|

This permit is conditional upon the Owner (Proponent) and the Contractor signing below and agreeing to the conditions listed on pages 1 and 2 of this Permit.

Services shall be installed as per the Township of Zorra Conditions which must be on site at all times.  
Services must have a minimum cover within the road allowance, including ditched areas as per Township of Zorra Conditions.

|                             |            |
|-----------------------------|------------|
| For Proponent: Name (print) | Signature: |
|-----------------------------|------------|

|           |       |
|-----------|-------|
| Position: | Date: |
|-----------|-------|

|                              |            |
|------------------------------|------------|
| For Contractor: Name (print) | Signature: |
|------------------------------|------------|

|           |       |
|-----------|-------|
| Position: | Date: |
|-----------|-------|

|                                  |            |
|----------------------------------|------------|
| Permit Approved By: Name (print) | Signature: |
|----------------------------------|------------|

|           |       |
|-----------|-------|
| Position: | Date: |
|-----------|-------|

Roads Foreman   
  
Director of Public Works   
*(mandatory for open cut)*

**Closure Notes:**

1. Allow **10 business days** to process permit for full road closures (40 business days if detours are on Provincial Highways).
2. Allow **5 business days** to process permit for works requiring lane closures.
3. Allow **3 business days** for works **not** requiring lane closures
4. The use of temporary electronic traffic control devices requires prior approval from the Township of Zorra before use.
5. Traffic control must meet **Ontario Traffic Manual Book 7 Temporary Conditions**.
6. Work not conforming to Township of Zorra Conditions will be removed by Township Staff and cost of such work be paid by Proponent.
7. If a Road Closure is required, the Contractor **MUST** arrange this with the Director of Public Works. If the closure will be required for longer than anticipated, the extension **MUST** be discussed with the Director of Public Works or other office staff member prior to 4:00 p.m. so that an extension may be reported, if necessary.

**Conditions of Approval**

1. The Proponent and the Contractor should both submit a copy of this Permit to their insurance companies to ensure that proper certificates of insurance are produced. The proponent agrees to warranty any work done under this permit for a period of one year.
  
2. The Proponent and the Contractor shall each at a minimum maintain third party liability insurance in the amount of \$2 million throughout the term of the described works. Unless otherwise specified, for the Proponent the terms of the insurance shall be from the date of the commencement of the Work until the date of completion of the work. Unless otherwise specified, for the Contractor the terms of the insurance shall be from the date of commencement of the work until the date of completion of all related activities on the Township of Zorra road system. Coverage shall protect the Township of Zorra against all claims for all damages or injury including death to any person or persons and for damage to any property of the Township of Zorra or any other public or private property resulting from or arising out of any act or omission on the part of the Proponent or the Contractor or any of their servants or agents. Coverage shall consist of a comprehensive policy of public liability and property damage insurance for the Work in the amount identified above per occurrence. Such insurance shall name the Township of Zorra as an additional insured thereunder. Such insurance shall state that coverage will not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail to the Township of Zorra.
  
3. If applicable, the Proponent and the Contractor shall each at a minimum maintain automobile third party liability insurance in the amount of \$2,000,000 throughout the term of the described works covering all owned, leased, and non-owned automobiles used in connection with the activities governed by this Permit.
  
4. This insurance coverage shall be primary insurance to the insurance carried by the Township of Zorra. Any insurance or self-insurance maintained by the Township of Zorra shall be excess of this insurance and shall not contribute with it.
  
5. The Proponent, the Contractor, their heirs, executors, administrators and assigns will indemnify and save harmless the Township of Zorra from any and all claims, demands, suits, actions and judgements made, brought or recovered against the Township of Zorra and from all loss, costs, damages, charges, or expenses that may be incurred, sustained, or paid by the Township of Zorra by reason of the granting of the Work Permit, including any loss resulting from any violation under the Occupational Health and Safety Act, R.S.O. 1990, c.O.1, together with defence costs, fines and penalties. The Contractor shall be considered the "constructor" for the purposes of the Occupational Health and Safety Act. The indemnity provisions of the described works shall survive the termination of the work.

COLLECTION OF NOTICE

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act ("the Act")* and will be used for the purpose of responding to your request pursuant to Section 19 of the Act. Questions about this collection should be directed to the Township of Zorra, PO Box 306, 274620 27th Line, Ingersoll, ON N5C 3K5 or at 519-485-2490.

|                                         |                                                 |                       |
|-----------------------------------------|-------------------------------------------------|-----------------------|
| Township of Zorra Work Permit Contacts: | Steve Oliver (Director of Public Works)         | 519-485-2490 ext 7227 |
|                                         | Derek Collins (Construction & Fleet Supervisor) | 519-485-2490 ext 7260 |
|                                         | Josh McKay (Operations Supervisor)              | 519-485-2490 ext 7265 |