TOWN OF MARKHAM OPERATIONS DEPARTMENT
OPEN CUT PERMIT APLICATION

Project # _____ Applicant's Reference # _____

Applicant _____

Contractor _____

Emergency Contact _____

Twenty-four Hour Phone # ( ) _____

Location of Cut _____

Approximate Area of Open Cut _____ M^2

Approximate Depth of Open Cut _____

Construction Date _____ _____
Commencing Ending

Traffic Restrictions _____ _____
No Yes

NOTE: between the hours of 7:00 a.m. and 9:00 a.m. and 4:00 p.m. and 6:00 p.m. no lanes will be closed, and there will be no stoppage/interference of traffic permitted.

Operations Department Use Only

Permit # _____

Approved _____ Not approved _____

Comments _____

_____

_____
Bob Walter, Manager, Road Maintenance

Copy to: Gordana Mladenovic, Utilities Co-ordinator
Kevin Young, Manager of Municipal Inspections