

For Municipality Use Only
MC #:

MUNICIPAL CONSENT APPLICATION FORM

Part A		
Date of Submission:		
Utility Representative Information		
Representative's Company:		
Representative Contact Name:		
Email:		
Phone #:		
Contractor Representative Information		
Representative Company:		
Contact # (optional):		
Application Details		
Type/Method of Construction:		
Project Description:		
Applicant's File/Job#:		
Location(s):		
Proposed Work Schedule	Start Date:	End Date:
** If application is for a repair, only Part A & C need to be completed		

Part B	
Type of Work (select all that apply):	<input type="checkbox"/> Install New Plant <input type="checkbox"/> Road Crossing Service <input type="checkbox"/> Replace Existing Plant
Cuts/Excavations (select all that apply):	<input type="checkbox"/> Boulevard <input type="checkbox"/> Curb <input type="checkbox"/> Sidewalk <input type="checkbox"/> Road <input type="checkbox"/> Driveway <input type="checkbox"/> Other: _____
Restoration Plans:	
Traffic Control Description:	
Plans Attached:	<input type="checkbox"/> Yes (Required)
Part C	
Signature: _____	Date: _____

Please be advised that as part of the issuance of a Municipal Consent, the applicant is required to verify all property lines and that Haldimand County takes no responsibility for Utility infrastructure installed on private property either purposely or in error. All property must be returned to pre-construction condition.

The review of drawings does not in any way relieve the Engineer or Contractor or Responsible Party for its accuracy, constructability, or for compliance with the contract documents and any governing laws or codes.

Should you require any assistance with your submission, please contact (905) 318-5932 ext 6416 or engineering@haldimandcounty.on.ca



Haldimand County Approval for Construction

Name: _____
Position: _____
Signature: _____
Date: _____

Haldimand County Approval of Final Completion

Name: _____
Position: _____
Signature: _____
Date: _____

Haldimand County Approval of Maintenance Period Completion

Name: _____
Position: _____
Signature: _____
Date: _____