



**DEPARTMENT OF TRANSPORTATION
AND PLANNING SERVICES**

26 Pitt Street, Suite 223, Cornwall, Ontario K6J 3P2

Tel: 613-932-1515, Ext.208 • Fax: 613-936-2913 • Email mcrequest@sdgcounties.ca • www.sdgcounties.ca

FOR OFFICE USE ONLY

MC#: _____

Date Rec'd: _____

Date Ret'd: _____

APPLICATION FOR MUNICIPAL CONSENT

APPLICATION CLASSIFICATION: STANDARD (NO CHARGE, 15 DAYS), PRIORITY (\$250, 10 DAYS), RUSH (\$425, 5 DAYS)

This form shall be completed in its entirety prior to processing by the County. Incomplete forms will be returned to applicant for clarification.

APPLICANT:	
MAILING ADDRESS:	
CELL:	FAX:
PHONE:	EMAIL:
CONTACT:	

COUNTY ROAD #: _____ LOCAL ROAD NAME: _____ CIVIC NO: _____

FORMER TOWNSHIP: _____ MUNICIPALITY: _____

LOT(S): _____ CONCESSION: _____ SIDE OF ROAD: _____

ROAD CUT REQUIRED: YES NO IF YES, SIZE OF EXCAVATION REQUIRED (AT SURFACE): _____ m x _____ m

DETAILED DRAWING (TO SCALE) ATTACHED:# OF PAGES: _____ AREA MARKED BY A STAKE / PAINT: YES NO

PROPOSED START DATE: _____ PROPOSED COMPLETION DATE: _____

PROPOSED WORK WILL BE CONSTRUCTED BY OUR OWN FORCES OR BY THE FOLLOWING CONTRACTOR :

NAME: _____

CONTACT: _____

TELEPHONE/CELL: _____ FAX: _____

I/We hereby apply to the Corporation of the United Counties of Stormont, Dundas & Glengarry for permission to construct, alter, change the utility described above and do hereby agree to conform to the Counties' conditions, standards and specifications.

SIGNATURE _____

DATED _____

FOR OFFICE USE ONLY - COMMENTS/ CONDITIONS:

APPROVAL: _____

Trevor Baker, C.Tech
Manager of Operations

DATE APPROVED: _____

(Consent valid for 12 months from date of approval)



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**PLEASE INCLUDE AND SUBMIT WITH COMPLETED APPLICATION
VEUILLEZ INCLURE ET SOUMETTRE AVEC VOTRE DEMANDE COMPLÉTÉE**

Company/Entreprise (if/si applicable) : _____

Name/Nom: _____

Permit Requested/Permis exigé: _____

Visa

MasterCard

Amex

Card Number:

Numéro de la carte:

Expiry/Date d'échéance: /

Security Code/Code de sécurité: _____

(3 digits on back of card)
(3 chiffres à l'envers de la carte)

Amount/Montant: _____

Cardholder Name:

Nom du (de la) détenteur (détentrice) de la carte: _____

Cardholder Signature:

Signature du (de la) détenteur (détentrice) de la carte: _____

Telephone/Téléphone:

 - -

Note: Amount to be paid is noted on application form
Le montant à payer est noté sur le formulaire de demande