COUNTY OF BRUCE PERMIT FOR ENCROACHMENT

<u>APPLICANT</u>	LOCATION
Name:Address:	County road station noon theside.
Telephone:	Concessionlotlot
	Township
TYPE OF ENCROACHMENT	
DitchTileWaterline Other	BuildingEarth
DESCRIPTION	
SKETCH SHOWING DETAILS	
DECLARATION OF RESPONSIBILITY	
I hereby assume all responsibility, financial and legal, for the installation of the	
encroachment described above. I further agree plus overhead, should the encroachment, in th	
maintenance by the County.	,
I also understand that this encroachment permunderstand that the County is not responsible	
of the encroachment.	
Date	(Applicant's signature)
Depending on the type of encroachment the Country the amount to be determined by the Country, where the completed to the satisfaction of the Country that the country is the country is the country is the country that the country is the country that the co	hich will be refunded after the work has
Amount of Deposit \$	
** NO WORK ON ROAD ALLOWANCE SHALL COMMENCE UNTIL COUNTY IS NOTIFIED	
To be completed by the County	
Permission granted by	
(Director/Designate	e) (Date)
Authorized by BY-LAW NO. 2017-033	
Transportation and Environmental Services Co	mmittee motion dated

File No.