



Infrastructure Services Department  
82 Erie Street, 3<sup>rd</sup> Floor  
Stratford ON N5A 2M4

(519) 271-0250 Ext. 222  
[infrastructure@stratford.ca](mailto:infrastructure@stratford.ca)  
[www.stratford.ca](http://www.stratford.ca)

## Street Permit Request Form

Street Permit By-law #54-62, as amended

Please submit this application form and all required documents at least 3 business days before the planned start date to allow for staff to review and to avoid fines or a stop-work order.

*For Office Use:*

|                      |  |
|----------------------|--|
| Street Permit Number |  |
| Date Issued          |  |

Applicant Information:

|                                 |  |
|---------------------------------|--|
| Company Name                    |  |
| Company Address and Postal Code |  |
| Contact Name                    |  |
| Phone Number                    |  |

Construction Details:

|                         |  |
|-------------------------|--|
| Address of Construction |  |
| Construction Start Date |  |
| Construction End Date   |  |

|                                     |  |
|-------------------------------------|--|
| Description of Work to be Performed |  |
|-------------------------------------|--|

### Authorization

The contractor agrees to follow the terms of this permit at all times while working on City property, including the directives provided below. If changes need to be made, the contractor must obtain permission from the Infrastructure Services Department.

This permit does not relieve the contractor from following the requirements set by the Ministry of Labour, Ontario Traffic Manual Book 7, and the Ontario Building Code.

The contractor must provide all required traffic control equipment. (ie. Cones, barricades, signage, etc.)

A copy of this permit must remain on site, readily available for viewing. City Inspectors or Public Works Staff may request to view this permit at any time to ensure the contractor complies with the requirements as described.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Notice of Collection

The personal information collected on this form is collected under the authority of the *Municipal Act* and will be used by City staff and authorized agents for the purpose of processing this application and for administrative purposes. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 ext. 5329 during business hours.

If you require this form in an alternate format, contact the Infrastructure Services Department at 519-271-0250 extension 5222.

(continued on next page)

## Infrastructure Services Staff Review Notes:

|                                                                                                                                                                                                                       |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Is the work taking place in the Heritage Conservation District?                                                                                                                                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is walk through scaffolding required?                                                                                                                                                                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Are parking bags required?<br><i>Maximum of 4 spots allowed.</i><br><i>To obtain parking bags, please contact the City Clerk's Office, located at City Hall, 1 Wellington St., Stratford, 519-271-0250 ext. 5237.</i> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is a traffic control plan required?                                                                                                                                                                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is restoration work required?                                                                                                                                                                                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

|                                                                      |  |
|----------------------------------------------------------------------|--|
| <p>Infrastructure<br/>Services<br/>Comments &amp;<br/>Conditions</p> |  |
|----------------------------------------------------------------------|--|

|                                  |  |
|----------------------------------|--|
| Street Permit Number             |  |
| Date of Approval                 |  |
| City Representative<br>Signature |  |

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