

The Corporation of the Township of Wollaston

By-Law 09-12

Being a By-law to enact the adoption of the Road Surface Cut/Dig Policy to prohibit anyone from cutting into or digging into the surface of any Municipally assumed road or sidewalk unless they have submitted an application for a Road Surface Cut/Dig Permit that has been approved by the Roads Superintendent and approved by Council.

All By-Laws or parts of By-Laws previously passed inconsistent with the provisions of By-Law 09-12 are hereby repealed.

PASSED this 12th day of June, 2012

Dan McCaw, Reeve

Jennifer Cohen, Clerk



Road Surface Cut/Dig Policy

Approved By: Township of Wollaston Council
Approval Date: June 12, 2012
Effective Date: June 12, 2012

Policy Statement

The Township of Wollaston Council believes that it is in the public interest to prohibit anyone from cutting into or digging into the surface of any municipally assumed road or sidewalk unless they have submitted an application for a **Road Surface Cut/Dig Permit** that has been approved by the Roads Superintendent and approved by Council.

Purpose

The purpose of this policy is to define the permit process and associated fees.

Application

The application must be accompanied by a drawing with accurate dimensions indicating the exact location of the proposed work, the depth and width of the cut or dig and the materials to be buried.

Requirements

All work shall be done to the satisfaction of the Roads Superintendent, either by municipal staff or by a qualified contractor hired by the municipality, who will provide proof of liability insurance to the municipality. Traffic control will be the responsibility of the contractor and must meet Book 7 Traffic Manual Standards.

Any sidewalks, storm drains, catch basins, grates, curbing or utilities damaged during the construction shall be repaired immediately by the contractor, at the expense of the applicant.

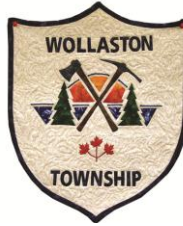
If the nature of the work involves burying electrical cables, the Roads Superintendent requires an Electrical Safety Authority Certificate of Inspection be submitted to the municipality.

Fee

Approved applications shall be subject to a non-returnable fee of **\$100.00** made out to the Township of Wollaston

Bond

Each approved application for a permit will also be accompanied by a performance bond/deposit from the contractor in the amount determined by the Roads Superintendent, made out to the Township of Wollaston to assure compliance with this policy. This bond will be refunded following satisfactory completion of repairs and inspection by the Roads Superintendent.

**Definitions**

This policy applies to anyone wishing to cut or dig into the surface of any municipally assumed road or sidewalk.

Exclusions

All Departments of the Municipality are exempt from the provisions of this policy.

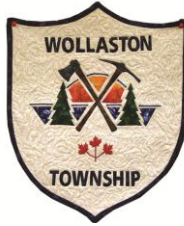
Policy Authority

This policy has been adopted by Wollaston Council by By-Law 09-12, dated June 12, 2012.

Consequences of Non-Compliance

Failure to comply with the requirements of this policy shall result in the deposit bond being forfeited.

Cutting or digging into the surface of any municipally assumed road or sidewalk without an approved application shall be subject to a \$300. Fee, as per Wollaston Township's Building and Construction Fee by-law 17-12, in addition to the road surface cut/dig application fee.



Road Surface Cut/Dig Application

Date Work is to be done: _____

Applicant Name: _____

Address: _____

Address where work is to be done: _____

Daytime or cell phone: _____

Description of Proposed Work (Please attach drawing) _____

Roads Department

This application is _____ APPROVED with these conditions:

This application is _____ DENIED for these reasons:

Council

This application is _____ APPROVED Resolution # _____

This application is _____ DENIED Date: _____

Fee

The application fee of **\$100** has been received _____ Date: _____

The deposit bond fee determined by the Roads Superintendent has been

received _____ Date: _____

Contractor

Contractor's name _____ phone # _____

Contractor's Insurance Policy # and Carrier _____

Signature of Clerk or Deputy _____