



THE CORPORATION OF THE MUNICIPALITY OF LEAMINGTON

111 Erie Street North, Leamington, ON, N8H 2Z9
Telephone (519) 326-5761 • Fax (519) 326-2481

Development Services Department

Building Services Encroachment Application (Please Print)

Refund Deposit to:

Name: _____

Date: _____

Address: _____

Postal Code: _____

Telephone Number: _____

Email: _____

Address of Construction / Work: _____

Type of Construction / Work: _____

To the best of your ability, please check the items below which may be affected by the work:

- roadway signs curb and gutter sidewalk boulevard trees
- sewers nil municipal drain _____ tile or storm sewer

Comments:

FEE: Cash, Debit or Cheque for \$1,150 per unit (Application Fee \$150 plus Encroachment Deposit of \$1000) payable to the "Municipality of Leamington" must be submitted upon the issuing of the permit. The Encroachment Deposit may be returned to the applicant after the completion of all work is inspected by the Municipality and the work is accepted assuming the Municipal Right of Way is restored to the original state prior to construction.

The information contained in this application and attached documentation is true to the best of my knowledge

Applicant's Signature: _____ Date: _____

Office Use Only:

Deposit Received: Cash Cheque Debit Amount: _____ Receipt #: _____

Permit Number: _____ Date: _____ Initials: _____

Pre-Inspect Date: _____ Remarks: _____ Initials: _____

Sub-Base Date: _____ Remarks: _____ Initials: _____

Base Date: _____ Remarks: _____ Initials: _____

Final: Date: _____ Remarks: _____ Initials: _____

Accounting:

Release Date: _____ Account: 10-2-0137-0141-000021 Initials: _____