

**Building Services Encroachment Application (Please Print)**

**Refund Deposit to:** \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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: \_\_\_\_\_