



**Town of Hawkesbury  
Application for  
Temporary Occupation Permit (TOP)**

Date of Application: \_\_\_\_\_

**Property Owner Information:**

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

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

**Applicant/Contractor Information (if different from Home Owner):**

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

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

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Site Location Information:**

Address: \_\_\_\_\_

**Street Occupation Information:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of Occupancy (i.e. disposal bin, materials, equipment, construction vehicles): \_\_\_\_\_

**Insurance Information:**

Insurance Company \_\_\_\_\_

Insurance Cert. No. \_\_\_\_\_ Effective Dates: \_\_\_\_\_

(Insurance document attached listing the Town of Hawkesbury as additional insurer for \$5 million. The Applicant agrees and accepts full responsibility for the protection of all utilities, private property and persons affected by his/her operations.) **Insurance certificate attached? Yes or No**

**Costing Information:**

Please contact the Public Works Department at  
(613) 632-0106 x2020 for current rates and fees.

Permit Cost quoted to Applicant: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**