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ROAD OCCUPANCY APPLICATION / PERMIT

Planned Work

Emergency Work

Name and Address of Applicant

Applicant's Name

PO Box and/or Street Address

Phone Number

City/Province/Postal Code

Fax Number

Email Address

Location of Proposed Work

Estimated Start Date

Estimated Completion Date

Description of Work Being Performed

*A sketch of the work zone must be completed and accompany the application. Please use the attached "Sketch Form" or attach your own electronic file.

By executing this application, the applicant agrees to all applicable terms and conditions stated in Policy PW-10 – Road Occupancy Permits, as attached.

NAME (Print)

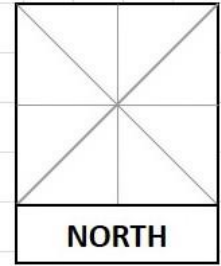
APPLICANT'S SIGNATURE

DATE

COUNTY'S APPROVAL SIGNATURE

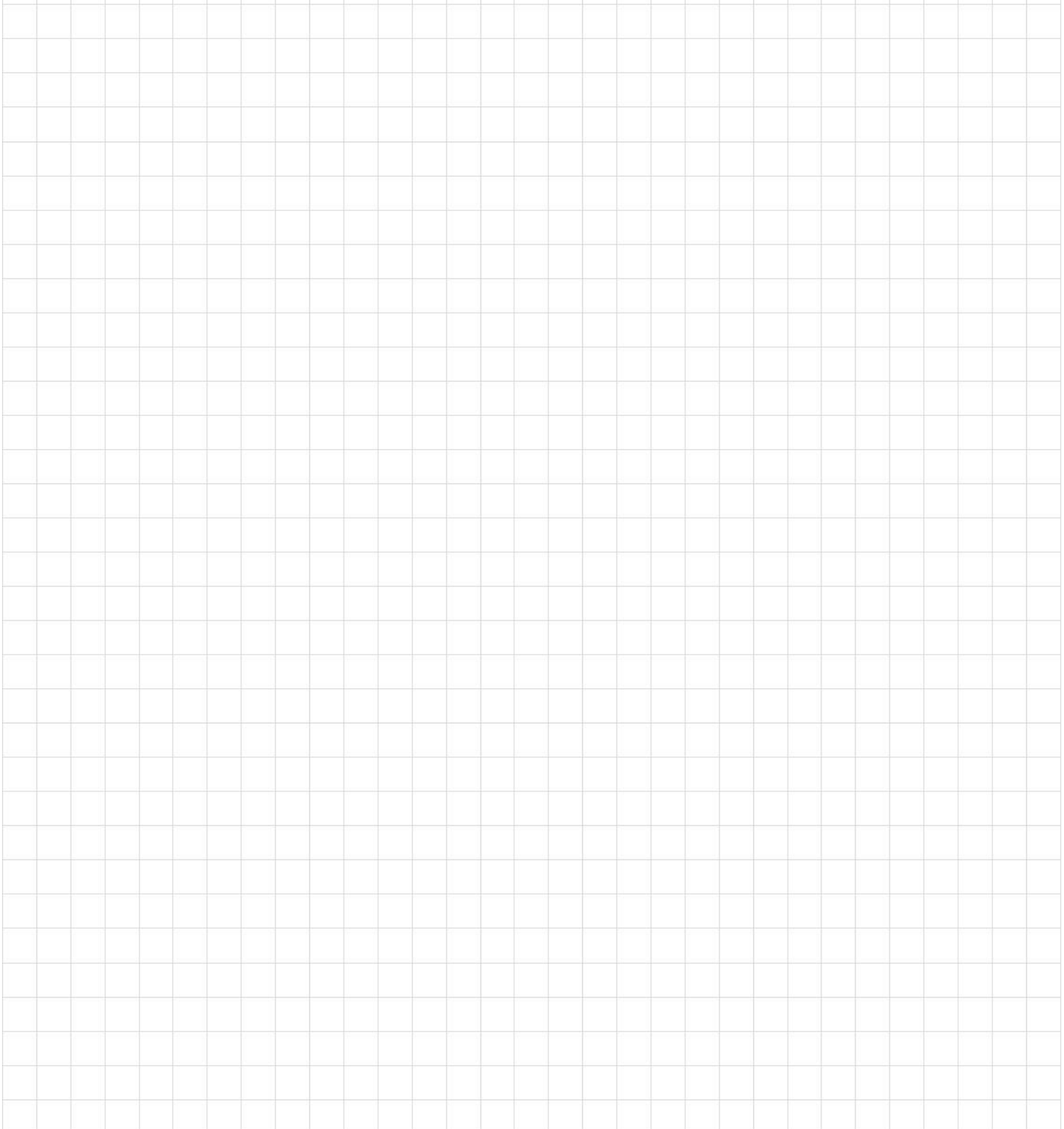
DATE

SKETCH FORM



County Road Number _____

County Road Name _____

A large grid of small squares covering the majority of the page, intended for drawing a sketch of a road or site.