



**TOWN OF INNISFIL
OVER SIZE/OVER WEIGHT PERMIT
APPLICATION FORM**

In Accordance with Section 110 of the *Highway Traffic Act* (HTA)

Insurance Required:

- *Applicant must maintain and pay for Comprehensive General Liability Insurance.*
- *This insurance must be a minimum of \$5 million.*
- *Insurance policy must include The Corporation of the Town of Innisfil as an additional insured party.*
- *Insurance must be valid during the time period of the permit.*

APPLICANT

| | |
|----------|-------------|
| NAME: | CVOR #: |
| ADDRESS: | |
| PHONE: | FAX NUMBER: |

APPLICANT IS REQUESTING:

SINGLE TRIP PERMIT ANNUAL TRIP PERMIT FEE \$ _____

OF ORIGINAL PERMITS REQUIRED: _____ TO BE MAILED OR TO BE PICKED UP

FROM: _____ 20__ TO: _____ 20__.

**FOR THE PURPOSE OF:
(PLEASE STATE SIZES)**

OVERSIZED WIDTH: _____ Meters OVERSIZED WEIGHT: _____ KG

OVERSIZED LENGTH: _____ Meters OVERSIZED HEIGHT: _____ Meters

TYPE OF LOAD TO BE MOVED: _____

PROPOSED ROUTE OR ROADS TO BE USED:

DECLARATION:

In consideration of any permit issued in respect to this application, we, the applicants for ourselves, our heirs, executors, administrators, successors, and assigns hereby agree to observe, keep and perform and be subject to the regulations and conditions of the said permit and to indemnify and save harmless. The Town represented by the Manager of Road Services from and against all loss, cost, charges, damages, expenses, claims, and demands whatsoever to which may be put or which the Town may suffer or sustain or for which the Town may be liable by reason of anything done or omitted to be done in the construction, maintenance, alteration or operation of the works authorized.
Permits are subject to the Conditions contained therein.

SIGNATURE (APPLICANT)

DATE