



TOWN OF OAKVILLE APPLICATION

2020 COMMERCIAL RECOVERY INITIATIVE Encroachment on Municipal Property

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

ENCROACHMENT LOCATION: (roadway) _____

APPLICANT INFORMATION

NAME OF BUSINESS:			
ADDRESS:			
CONTACT NAME:			
PHONE :			
E-MAIL:			
PLEASE SPECIFY:	TENANT	OWNER	OTHER:

PROPERTY OWNER INFORMATION

PROPERTY OWNER:			
ADDRESS:			
CONTACT NAME:			
PHONE:			
E-MAIL:			

MATERIALS REQUIRED:

Copy of General Liability Insurance Certificate with Town of Oakville named as additional insured or co-insured (refer to Encroachment Agreement for specifics)

Executed Encroachment Agreement and Schedule A (drawing & dimensions of encroachment)

APPLICANT SIGNATURE: _____

APPLICANT NAME: _____ **DATE:** _____

Personal Information on this form is collected under the authority of the *Municipal Act, 2001*, as amended for processing this permit and payment thereof. Questions about the collection of personal information should be directed to: Records and Freedom of Information Officer, Clerk's Department, 905-815-6053.