



Application for Encroachment on a Sidewalk

**Downtown Merchandise Display Areas
By-law No. 2011-030, as amended**

APPLICANT INFORMATION		
Applicant:		
Business:		
Physical Address of Business:		
Mailing Address/Postal Code:		
Telephone: ()	Fax: ()	Email:
PROPERTY OWNER INFORMATION		
Same as above <input type="checkbox"/>		
Owner:		
Physical Address of Property:		
Mailing Address/Postal Code:		
Telephone: ()	Fax: ()	Email:
ENCROACHMENTS		
Storefront Merchandise <input type="checkbox"/> new <input type="checkbox"/> renewal		
Curbside Merchandise <input type="checkbox"/> new <input type="checkbox"/> renewal		
Description of encroachments (Sketch must be attached or application will be considered incomplete. If the encroachment is the same as the previous year, please state so below)		
<p>The Applicant understands that this application is being taken in accordance with the Town's Patio and Merchandise Encroachment By-law and may be denied based on the following criteria:</p> <ul style="list-style-type: none"> a) the encroachment interferes with the Town's intent and purpose in holding the Town-owned lands; b) the encroachment creates an unsafe condition; c) the encroachment creates liabilities for which the Town cannot assign full responsibility to the owner of said encroachment; d) the encroachment creates a situation that is contrary to any of the Town's by-laws, policies or resolutions, or any provincial or federal regulation or legislation; e) the encroachment interferes with work, plans, efforts or initiatives of the Town to maintain Town-owned lands; f) the encroachment interferes with any utility or other similar installation located on Town lands; or g) the applicant is unable to reasonably demonstrate a need for the encroachment. <p>In the event that this application is approved, the Applicant shall enter into and execute an Encroachment Agreement with the Town of Collingwood.</p>		
INSURANCE		
A Certificate of Insurance is required including comprehensive public liability insurance with a minimum general liability coverage of TWO MILLION (\$2,000,000) DOLLARS per occurrence, naming the Town of Collingwood as an additional insured.		
<input type="checkbox"/> Certificate of Insurance Attached	Expiry Date: _____	
CONSENT		
I, the undersigned, understand and agree to the terms of this Application.		
Signature of Applicant: _____		Date: _____

PLEASE RETURN THIS APPLICATION TO:
Town of Collingwood – Clerk Services
97 Hurontario Street, Collingwood, Ontario L9Y 0W6
Tel: (705) 445-1030 ext. 3230 Fax: (705) 445-2448 Email: clerk@collingwood.ca

For Office Use Only		
Date received:	Payment received:	Agreement executed:
File No.:	Inspection Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

NOTICE OF APPROVAL WILL BE PROVIDED TO THE APPLICANT AND PROPERTY OWNER