



Development & Emergency  
Services Department  
Realty Services Division  
2<sup>nd</sup> Floor, Victoriaville Civic Centre  
111 Syndicate Avenue S., P.O. Box 800  
THUNDER BAY, ON P7C 5K4

Tel: (807) 625-3199 Fax: (807) 625-2977

# PART I – APPLICATION FOR AGREEMENT

## LICENCE FOR ACCESS ACROSS CITY OWNED LANDS

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

TELEPHONE # \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADJACENT PROPERTY OWNER/LICENSEE: \_\_\_\_\_  
*(If different from Applicant)*

ADDRESS AND LEGAL DESCRIPTION OF PROPERTY REQUIRING THE ACCESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS (If different from above): \_\_\_\_\_

\_\_\_\_\_

REASON FOR REQUIRING THE ACCESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE A PRIMARY/ALTERNATE ACCESS:  YES. IF YES PLEASE DESCRIBE THE ALTERNATE ACCESS AND EXPLAIN WHY A SECONDARY ACCESS ACROSS CITY LANDS IS NEEDED:

\_\_\_\_\_  
\_\_\_\_\_

IF NO:  IS THIS TO BE YOUR PRIMARY ACCESS,

PLEASE EXPLAIN \_\_\_\_\_

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This completed Application, together with the following, **must** be submitted to Realty Services for review and approval of the requested Licence Agreement:

- An Administration Fee in the amount of **\$372.90 (\$330.00 + \$42.90 HST)**; Non refundable
- Fully Dimensioned Sketch showing the location(s) of the proposed access including nearby hydro poles, infrastructure, buildings, etc.

Upon approval of the Application and prior to finalizing the Licence Agreement, Realty Services will additionally require the following:

- Proof of Liability Insurance in accordance with the attached insurance certificate to be completed by your insurance company/broker; and
- Current Annual Fee in the amount of **\$115.00**; (for first year, subsequent years the fee will be annexed to the Tax Roll)

UPON approval of this Application by Realty Services, AND/OR all servicing departments and agencies, the Applicant will be notified of such approval and the necessary licence agreement will be prepared. Upon receipt of the executed Agreement and a completed Certificate of Insurance (see Standard Insurance Requirements attached), the Agreement will then be executed by the General Manager, Development and Emergency Services Department, and a fully executed copy will be forwarded to the Applicant. The annual \$115.00 fee for every subsequent year will be included and form part of the Final Instalment for the subject property.

**PROOF OF LIABILITY INSURANCE WILL BE ACCEPTED ON THIS FORM ONLY**

**CERTIFICATE OF INSURANCE**  
(Licence of Access)

Building Permit No.: \_\_\_\_\_ Municipal Address: \_\_\_\_\_  
(if applicable)

Legal Description: \_\_\_\_\_

**NAME & ADDRESS OF INSURED:** \_\_\_\_\_  
(Purchaser , Lessee, Licensee or Owner)

**and**

**THE CORPORATION OF THE CITY OF THUNDER BAY**

| POLICY  | COMPANY & POLICY NO. | DATE      |            | LIMITS OF LIABILITY                   |
|---|----------------------|-----------|------------|---------------------------------------|
|   |                      | EFFECTIVE | EXPIRATION |                                       |
| GENERAL LIABILITY<br>BODILY INJURY<br>PROPERTY DAMAGE |                      |           |            | Minimum Requirement<br>\$5,000,000.00 |
| BUILDER’S RISK  |                      |           |            |                                       |
| OTHER (Describe)                                      |                      |           |            |                                       |

**IMPORTANT:** This Certificate confirms that the Policies listed above are in full force and effect and that these Policies will not be amended to materially restrict coverage, as set out in this Certificate, or cancelled without **thirty (30) days** prior written notice being given to The Corporation of the City of Thunder Bay, and further that the General Liability Policy listed above includes **all** coverages outlined under (1), (2), (3) and (4) below.

**GENERAL LIABILITY COVERAGE INCLUDES:**

- (1) Cross Liability Clause;
- (2) Broad Form Property Damage;
- (3) Completed Operations; and
- (4) Non-owned Automobile Liability.

**DATE** \_\_\_\_\_ **20** \_\_\_\_\_

NAME OF INSURANCE COMPANY (NOT BROKER)

ADDRESS OF INSURANCE COMPANY OR NAME & ADDRESS OF BROKER

**BY:**

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE OR OFFICIAL OF BROKER