



# Permit to Cross Public Reserve (Town of Canmore Land)

DATE YYYY	MM	DD	NUMBER (assigned by TOC)

<input type="checkbox"/> MUNICIPAL RESERVE	<input type="checkbox"/> ENVIRONMENTAL RESERVE	<input checked="" type="checkbox"/> PATHWAY / TRAIL
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<b>Company Name &amp; Contact Person:</b>		<b>Phone:</b>
<b>Private Property Owner Contact Person &amp; Address</b>		<b>Phone:</b>
<b>Private Property Owner permission to access private land</b>	Sign that the owner is aware and approves that a Town of Canmore staff may enter onto the property address listed above to conduct the preliminary and or the final site inspection.	<b>Signature:</b>
<b>Permit Fees Paid By (\$176.00* plus GST) (name/ co./ address)</b>		<b>Phone:</b>

<b>LOCATION OF PUBLIC RESERVE CROSSING:</b>	
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- Applicant for permit must submit the following:**
1. Provide details of usage in the lines below; equipment and vehicles, number of possible trips over the reserve. It is helpful to provide a diagram/map showing location & your proposed route over the reserve
  2. All equipment that will be driven over the Reserve/Trail/ Pathway must be listed
  3. Private property owners must identify their land boundaries before the preliminary site inspection by the town staff. Completed.  
YES NO
  4. The Town may request a real property report along with permit.  
Provided YES NO
  5. Is this a Town Contract YES NO
  6. Upon request, A Traffic Accommodation Plan may be required when needing to cross major paths or sidewalks


<b>PERMIT VALID FROM</b>	DATE YYYY	MM	DD	TIME	<b>TO</b>	DATE YYYY	MM	DD	TIME

### PRELIMINARY SITE INSPECTION- Completed by TOC Staff

Date:	By:	Damage Deposit Cheque: \$500 YES NO	Gate Access Permit YES NO _____
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Comments:

\*Fees may increase, subject to the annual Master Fee Schedule Council approval

**Conditions of the Permit:**

1. Applicants should allow for up to ten business days for the processing of the permit. The Parks Department will review your permit request, conduct a preliminary site inspection and set up an appointment to meet you to finalize the permit. Permit fees do apply and are due at the time of finalizing the permit. An Invoice will be issued to the listed email by the Accounting Department.
2. This permit is valid only for the date(s) and area indicated herein, and under the conditions specified. You must call (403) 678-1599 or email Parks@canmore.ca to extend the permit dates if more time is required prior to the end date.
3. Equipment or Vehicles not identified on this permit are prohibited from entering Public Reserve Lands/trails.
4. All equipment must be washed before entering the Reserve to prevent the spread of invasive plant species as per the Alberta Weed Control Act.
5. Any person taking out a permit will be responsible for the repair of any and all damage(s) or disturbance(s) caused to the Public Reserve Lands, but not limited to, utility and irrigation systems, plant material, trails, fencing, or any other structure on the Public Reserve. Public Reserve Land must be left in equal or greater condition then the start date of permit.
6. Depending on work being completed additional permits may be required.
  - a. Gate Access permit (Parks Department) – when a Town Emergency Access Gate needs to be opened.
  - b. Road Use Permit (Engineering Department) – when a closure to a roadway/right of way is required.
  - c. Excavation Permit (Engineering Department) – whenever digging is required to/on Public Reserve Land
7. Contractor should inform the Parks Department if they finish the work including all reclamation to damaged Public Reserve Lands before the permit end dates.
8. This permit should be carried and available for inspection when crossing the Public Reserve. The Parks Department reserves the right to cancel this permit at its sole discretion, without notice, due to weather and / or other prevailing factors.

**Applicant's/ Town of Canmore Signatures**

By signing this application you are agreeing that you have read, understand, and are responsible for all the outlined conditions.

**Applicant's Signature**

**Public Works Department Approval**

**Final Site Inspection- Completed by TOC Staff**

<b>Date:</b>	<b>By:</b>	<b>Signature:</b>	<b>Date Damage Deposit Returned:</b>
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Date/Comment/Action Required: