



2021 Division Road North
Kingsville, Ontario N9Y 2Y9
Phone: (519) 733-2305
www.kingsville.ca
kingsvilleworks@kingsville.ca

Sewage Contractor Application Form

Applicant Information

Applicant: _____
Address: _____
Phone: _____
Email: _____

Municipal Experience:

Name of Municipality: _____
Work Performed: _____

Municipal Contact Name: _____
Municipal Contact Phone: _____

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Applicant Consent

This application must be completed and returned to the Municipal Service department with the following documents:

- Proof of Liability Insurance (minimum \$2,000,000)
- WSIB Clearance Certificate
- Security Deposit (\$2,500) payable by cheque to the Town of Kingsville

I understand that upon the approval of this application, I must remain on the contractor list for a minimum of one (1) year (*no exceptions*). In order to be removed from the list after the minimum of one (1) year and have the deposit returned, a formal written request must be made.

The Municipal Services Department will review all permits issued or related to the contractor’s performance to confirm that work, as required, has been completed to the satisfactory of the Town and that there are no outstanding deficiencies. If no issues are outstanding (as deemed by the Municipal Services department) release of the security deposit will be authorized.

Declaration

It is understood that all works will be constructed, altered, maintained or operated at the expense of the undersigned and that work must not commence before a permit has been issued by the Town of Kingsville. The issuance of a permit by the Town of Kingsville does not relieve the holder of the responsibility of complying with relevant by-laws, municipal regulations and requirements of other regulatory agencies.

Applicant Signature: _____

Date: _____

| Town of Kingsville Use Only | | | | |
|---|--------------------------|--------|--------------------------|-------|
| Proof of Liability Insurance (minimum \$2,000,000) attached: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| WSIB Clearance Certificate attached: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Outstanding invoices owed to the Town: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Security Deposit Received: \$2,500.00 <i>(attach Treasury Receipt)</i> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | #CONTR | | |
| Approved by Director of Municipal Services: | _____ | | Date: | _____ |
| | Signature | | | |
| Approved by Chief Building Official: | _____ | | Date: | _____ |
| | Signature | | | |