



Minor Patio Permit (MPP) Application

TO BE COMPLETED BY APPLICANT:

DATE:	Business Name:
APPLICANT:	I have a valid St. Albert Business License under the following name:
Business Address:	CONTACT PERSON: CELL: EMAIL:

I have included the following:

- Certificate of Commercial Liability Insurance \$2,000,000 per occurrence, minimum
- Traffic Accommodation Plan

DESCRIPTION OF WORK:

TO BE COMPLETED BY THE CITY OF ST. ALBERT:

<input type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	TRAFFIC ACCOMMODATION PLAN INCLUDED:
<input type="checkbox"/>	WITHIN 24 HOURS UPON COMPLETION OF THE PROJECT, THE APPLICANT SHALL CONTACT THE CITY OF ST. ALBERT FOR AN INSPECTION
<input type="checkbox"/>	OTHER CONDITIONS:
<input checked="" type="checkbox"/>	APPLICANT SHALL ACCEPT RESPONSIBILITY AND REHABILITATE THE WORK ZONE AS PER ST. ALBERT MUNICIPAL ENGINEERING STANDARDS
<input checked="" type="checkbox"/>	<p>THE PERMIT HOLDER SHALL INDEMNIFY AND SAVE HARMLESS THE CITY, ITS OFFICERS, EMPLOYEES, AGENTS AND SERVANTS, FROM AND AND ALL LIABILITIES, DAMAGES, COSTS, SUITS OR ACTIONS ARISING OUT OF:</p> <ul style="list-style-type: none"> • ANY BREACH OR NONPERFORMANCE OF ANY COVENANTS OR CONDITIONS IN THIS PERMIT TO BE FULFILLED, OBSERVED OR PERFORMED BY THE PERMIT HOLDER; • ANY DAMAGE TO PROPERTY, REAL OR PERSONAL, OCCASIONED BY THE USE AND OCCUPATION OF THE ROW AREA; AND • ANY INJURY TO PERSONS, INCLUDING DEATH, OCCURING ON OR ABOUT THE ROW OR ANY PART THEREOF OR ANY DAMAGE TO THE PROPERTY BELONGING TO THE PERMIT HOLDER, OR IT EMPLOYEES, INVITEES, SUB-LICENCES, OR ANY INJURY TO ANY EMPLOYEE, SUB LICENSEE, OR INVITEE OF THE PERMIT HOLDER WHILE SUCH PROPERTY OR PERSON IS IN THE ROW;EXCEPTING LIABILITIES, COSTS, DAMAGES, CLAIMS, SUITS, EXPENSES, OR ACTIONS ARISING FROM THE NEGLIGENT ACT OF THE CITY, ITS OFFICERS, EMPLOYEES, OR AGENTS. <p>THIS INDEMNITY SECTION SHALL SURVIVE THE TERMINATION OR EXPIRY OF THIS PERMIT AND SHALL BIND THE PERMIT HOLDER AND ITS LEGAL REPRESENTATIVES, SUCCESSORS AND PERMITTED ASSIGNS.</p>

I have read and will abide by the above mentioned conditions.

Signature of Applicant

City of St. Albert Representative

Please submit this completed application, along with a scan of the insurance certificate, diagram or sketch of your pop-up traffic plan to OSCPadmin@stalbert.ca

City of St. Albert contact information:

Engineering Services Daytime telephone: 780-459-1654

Fire Services/Emergency after hours: 780-459-7021 or 780-458-2020

Municipal Enforcement Public Works Transit Fire/Ambulance Transportation Coordinator

Revised 2020