



Seasonal Outdoor Patio Permit 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:	

DESCRIPTION OF WORK

Certificate of Insurance (REQUIRED)	TRAFFIC ACCOMMODATION PLAN (REQUIRED)
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TO BE COMPLETED BY THE CITY OF ST. ALBERT:

<input type="checkbox"/>	Certificate of Insurance
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TRAFFIC ACCOMMODATION PLAN INCLUDED:

WITHIN 24 HOURS UPON COMPLETION OF THE PROJECT, THE APPLICANT SHALL CONTACT THE CITY OF ST. ALBERT FOR AN INSPECTION

OTHER CONDITIONS:

X	APPLICANT SHALL ACCEPT RESPONSIBILITY AND REHABILITATE THE WORK ZONE AS PER ST. ALBERT MUNICIPAL ENGINEERING STANDARDS
X	<p>THE PERMIT HOLDER SHALL INDEMNIFY AND SAVE HARMLESS THE CITY, ITS OFFICERS, EMPLOYEES, AGENTS AND RVANTS, 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 RIGHT OF WAY AREA; AND • ANY INJURY TO PERSONS, INCLUDING DEATH, OCCURING ON OR ABOUT THE RIGHT OF WAY 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

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

Signature of Applicant

City of St. Albert Representative

City of St. Albert contact information:
Engineering Services telephone: 780-459-1654
Fire Services/Emergency after hours: 780-459-7021 or 780-458-2020

- Municipal Enforcement Public Operations Transit Fire/Ambulance Transportation Coordinator