### Appendix M

**Guidelines for Completing the “APPLICATION FOR INSTALLATION OF SERVICES WITHIN THE CITY OF TORONTO ROAD ALLOWANCE”**

<table>
<thead>
<tr>
<th>Table Heading</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPLICATION STREAM</strong></td>
<td>Check the appropriate box as determined by MCA. (Mandatory)</td>
</tr>
<tr>
<td><strong>PERMIT OFFICE</strong></td>
<td>Check the appropriate box. (Mandatory)</td>
</tr>
<tr>
<td><strong>CODE</strong></td>
<td>The Applicant/Company’s pre-assigned 3 character code. (Mandatory)</td>
</tr>
<tr>
<td><strong>CONTACT NAME</strong></td>
<td>The name of the person responsible for the work or project covered by the application. (Mandatory)</td>
</tr>
<tr>
<td><strong>PHONE #</strong></td>
<td>The telephone number of the Contact Name. (Mandatory)</td>
</tr>
<tr>
<td><strong>EXTENSION</strong></td>
<td>The extension number for the telephone of the Contact Name (if applicable). (Optional)</td>
</tr>
<tr>
<td><strong>FAX #</strong></td>
<td>The facsimile number of the Contact Name. (Optional)</td>
</tr>
<tr>
<td><strong>EMAIL</strong></td>
<td>The email address of the Contact Name. (Optional)</td>
</tr>
<tr>
<td><strong>APPLICANT/COMPANY’S REFERENCE #</strong></td>
<td>A reference number to assist the applicant in the dispersal of permit related information. Reference number will appear on billings issued by the Transportation Services Division in relation to this permit. (Optional)</td>
</tr>
<tr>
<td><strong>CUT LOCATION</strong></td>
<td>Check the appropriate box(es) where cuts have been or will be made. Note: If the cut occurs across the entire roadway, check both road boxes. (Mandatory)</td>
</tr>
</tbody>
</table>
Municipal Consent Requirements
for the Installation of Services
within the City of Toronto Streets

ADDRESS,LOCATION
(attach list if required)

Building address, opposite building
address, abc street flankage of building
address. The full street name of the road
in which the work is to be undertaken.
Note: include avenue, street, east, west
designation, etc.
Note: Correct Spelling is imperative.

OR if no municipal address
(but multiple locations on same street or
long trench/directional bore on same
street)

STREET
List street and side of street on which
work occurs

FROM
List building address or measurement
from nearest intersecting street

TO
List building address or measurement
from nearest intersecting street.
(Mandatory, if ADDRESS,LOCATION
cannot be provided)

OR Distance and Direction from
nearest side street (if no address)
Use for a single location

Type of Installation
The nature and/or reason for the
proposed work. (Mandatory)

Proposed Construction Date
From and To dates to be completed.
(Mandatory)

Diagram
Details shown on diagram must
correspond with other provided
information. Main street and at least one
cross street must be given. Mark north
point. (Mandatory)

ADDITIONAL INFORMATION
Any additional information related to
this application. (Optional)

APPLICANT SIGNATURE & DATE
Signed by an Authorized Representative
and dated. (Mandatory)