



Village of Ashcroft Application for Encroachment

P.O. Box 129
Ashcroft B.C. V0K 1A0
Ph: (250) 453-9161 or (877)453-9161
Fax: (250) 453-9664

Application Date: _____

Applicant Information

Company Name (If applicable): _____

Contact Name: _____

Address: _____

Phone: _____ Email Address: _____

Site / Encroachment Information

Location of Encroachment: _____

Type of Encroachment: _____

Description of Encroachment: _____

Justification of Encroachment: _____

Provide an 11" x 17" site plan with the location and dimensions (including area) for: the encroachment, property lines, structures, affected frontage, and components of the right-of-way (e.g. location of curb, sidewalk, poles, etc.). If needed, additional sheets for reference, sufficient information must be provided to understand the proposal.

Insurance Requirements

Applicant must maintain third party liability insurance coverage for Permitted Encroachment Area with,

- a: a reputable insurer acceptable to the Village;
- b: a minimum per occurrence coverage of \$5 million;
- c: the Village as an additional insured, and
- d: a 30 day cancellation provision that requires notice be given by the insurer to the Village.

Policy

Each application is reviewed on a case-by-case basis. For payment fee information, refer to Encroachment into Village Owned and/or Controlled Lands Policy, adopted by Council on January 1, 2017, Resolution No. 999

End of Application