

PUBLIC WORKS SERVICES Town of Newmarket 395 Mulock Drive PO Box 328 STN Main Newmarket, ON L3Y 4X7

www.newmarket.ca info@newmarket.ca 905-953-5300 Fax 905-953-5150

Revision: October 2016

UNDERTAKING AND INDEMNIFICATION FORM

POOL CONSTRUCTION PERMIT #:	
NAME/S OF OWNER or PAYOR:	
MAILING ADDRESS with postal code:	CONTACT PHONE #'S:
Newmarket,Ontario	POOL LOCATION:
 To remove all excavated material from the property written permission has been granted. No construoupen spaces and/or the travel portion of the Town's Not to alter or obstruct the existing/designed draina To restore the Town's land, at the Owner's sole e access for the purposes of pool construction (subjet or sooner, as requested by the Town. To provide to the Town a deposit in the amount cheque, interac debit or cash. Upon receiving we have a covered to the town. 	y and to dispose of said material at an approved location for which action material and/or debris shall be placed on Town parklands, is boulevards and/or roadways. To age patterns or easements. Expense, to at least its condition as it existed immediately prior to ect of this undertaking) forthwith upon completion of construction of \$2,000.00 (TWO THOUSAND DOLLARS) in the form of a written request to release the deposit, the Town will arrange an ened property used by the Owner and the restoration of same. The
after seven (7) days written notice by the Town of its in restoration at the Owner's expense. Further, the Town shall	on to the satisfaction of the Director of Public Works Services and atention to complete the restoration, the Town shall complete the III be at liberty to use the deposit and apply its value, in whole or in crials used for restoration purposes by the Town shall be at the sole
Town all costs incurred by the Town for restoration wo	storation costs, the Owner(s) covenant(s) and agree(s) to pay to the ork. Payment of any outstanding balances shall be in a manner rively, the Town shall collect any outstanding balances owed to the
Dated at the Town of Newmarket this day of	
Si	ignature of Owner/Payor