



APPLICATION TO CROSS MUNICIPAL RESERVE LANDS

as per Cypress County Policy PD03

The Agreement made this _____ day of _____, _____

Between: Cypress County (the "County") and _____ (the "Applicant").

APPLICANT INFORMATION

Name: _____ Company (if applicable): _____

Mailing Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

SITE INFORMATION

Legal: (Check one) ☐ NE ☐ NW ☐ SE ☐ SW ¼ Section _____ Township _____ Range _____ W4M

Plan _____ Block _____ Lot _____

Municipal Address: _____ Roll #: _____

ACCESS DETAILS

Proposed time during which access to cross municipal reserve lands is: _____

Reason for temporary access to cross municipal reserve lands: _____

Describe the lands and location required as right of entry/access: _____

Equipment to be used while crossing subject lands: _____

☐ Attach site map indicating:

- Location of municipal lands to be crossed.
- Access location & direction of travel.



PLANS

Accommodation plan, indicating what steps will be taken to protect the subject lands, landscape & municipal infrastructure: _____

Is a Safety Plan Required?

☐ Yes

☐ No

If yes, please attach a copy of the safety plan.

AGREEMENT/SIGNATURES

By signing below the applicant agrees to:

- ☒ The Applicant will make reasonable efforts to minimize disturbance to the property and will notify the County of any significant impacts resulting from crossing municipal reserve land.
- ☒ The Applicant will be responsible for all damages to municipal reserve lands.
- ☒ The Applicant agrees that security may be used to repair any damage that is not repaired to the satisfaction of Cypress County.

Applicant Signature

Applicant Name (print)

Date

Landowner Signature

Landowner Name (print)

Date

OFFICE USE ONLY

Application to Cross Municipal Reserve Lands: ☐ Approved ☐ Refused

If approved, this agreement grants permission to cross municipal reserve lands is made between the County and the Landowner/ Developer ("Applicant"). The County grants the Applicant permission to cross municipal reserve lands in the manner described above with the additional conditions listed below.

Conditions of approval: _____

Cypress County Representative:

Signature

Name (print)

Date

Received by: _____ Fee paid: _____ Receipt No: _____

Security Amount: _____ Security Received: ☐ Yes ☐ No Receipt No: _____

Certificate of \$2M Comprehensive Liability Insurance Provided: ☐ Yes ☐ No

