

Ice Travel Request Form

***** DOCUMENT TO BE FAXED or Emailed to the BUILDING DEPARTMENT TO
CONFIRM BOOKING OF AN ICE CROSSING*****

(T) 705-635-2272 (F) 705-635-2132 (Email) buildinginspections@lakeofbays.on.ca

DATE OF SUBMISSION: _____

BUILDING PERMIT NUMBER: _____

TYPE OF INSPECTION: _____

DATE FOR INSPECTION (48 HRS NOTICE): _____

INSPECTION CONTACT (Name & Company): _____

CONTACT INFO: _____ ALTERNATE: _____

PROJECT LOCATION: _____

ICE ACCESS LOCATION: _____

DOCUMENTS REQUIRED

- PROOF OF INSURANCE OF SNOWMOBILE OR ATV (CARRIED ON VEHICLE)
- PROOF OF LICENSING & REGISTRATION OF SNOWMOBILE OR ATV (CARRIED ON VEHICLE)
- ICE CHECK LOG COMPLETED

- RECORD THICKNESS & LOCATIONS CHECKED ON SKETCH BELOW
- TRAIL MARKED
- ICE THICKNESS CHECKED AT REGULAR INTERVALS.

<u>SKETCH MAP</u>	<u>SAMPLE LOCATIONS</u>	<u>THICKNESS OF ICE</u>
	1.	
	2.	
	3.	
	4.	
	COMMENTS:	