



Development Services
424 3rd Avenue West
Prince Rupert, BC, V8J 1L7
Phone: (250) 627-0950 **Fax:** (250) 627-0979
Email: Engineering.Requests@princerupert.ca

APPLICATION FOR A STREET / SIDEWALK CLOSURE PERMIT
(TRAFFIC REGULATION BYLAW NO. 2470, 1983)

DATE RECEIVED:

FILE NO.

To ensure proper review and coordination, all street or sidewalk closure permit applications must be submitted a minimum of 7 business days prior to the proposed closure date.

Please plan accordingly to avoid disruptions.

APPLICANT:

ADDRESS:

PHONE:

EMAIL:

PLEASE COMPLETE COMPANY INFORMATION, IF APPLICABLE:

COMPANY:

ADDRESS:

PHONE:

EMAIL:

I/we apply for a Temporary Street/Sidewalk Closure as defined by the Bylaw.

TYPE OF CLOSURE: ROAD LANE SIDEWALK DIRECTION OF CLOSURE: NORTH SOUTH EAST WEST

FROM street:

TO street:

PURPOSE:

START DATE:

END DATE:

START TIME:

END TIME:

THE CLOSURE WILL BE UNDER THE DIRECTION & CONTROL OF (IF OTHER THAN APPLICANT):

NAME:

PHONE:

ALTERNATE PHONE:

CAN EMERGENCY VEHICLES PASS THROUGH? YES NO

ARE BUS ROUTES AFFECTED? YES NO IF YES, WILL STOP BE CLOSED? YES NO

APPLICANT SIGNATURE:

DATE:

This application is approved subject to the applicant's compliance with all current City of Prince Rupert Bylaws, applicable statutes, and the special conditions listed on page 2. The applicant further agrees to indemnify and hold harmless the City from any claims, actions, or expenses arising from the issuance or execution of this Street/Sidewalk Closure Permit.

SPECIAL CONDITIONS FOR A STREET SIDEWALK CLOSURE PERMIT

- ☐ 1. Obtain approval from MOTI if the closure is on McBride Street, 2nd Avenue West and/or Park Avenue.
- ☐ 2. Provide three (3) days of notice in advance to the Engineering Department.
- ☐ 3. Provide \$2,000,000.00 Liability Insurance naming the City of Prince Rupert as co-insured.
- ☐ 4. CERTIFIED TRAFFIC CONTROL PERSONNEL IN PLACE TO DIRECT TRAFFIC:

NAME OF TRAFFIC CONTROL COMPANY: _____

TRAFFIC CONTROLLER ON SITE: _____

PHONE: _____

NAME OF FLAGGER 1: _____

NAME OF FLAGGER 2: _____

NAME OF FLAGGER 3: _____

***COPIES OF TCP CERTIFICATION CARD FOR ALL FLAGGERS MUST BE ATTACHED**

IF NO FLAGGERS, PLEASE STATE WHY (ie SIGNS OR BARRIERS, ETC): _____

- 5. Provide a certified drawing / map of the area **IN COLOUR** to be closed showing:
 - JOB SITE
 - PLACEMENT OF SIGNAGE
 - BARRICADES
 - TRAFFIC CONTROL PERSONNEL
- 6. Erect sufficient barricades and signs to control and safely direct pedestrians and/or traffic around the closure.
- 7. Sweep, wash or otherwise clean the street/sidewalk once the work is complete and prior to re-opening the street/sidewalk.

NOTES:

Cost: \$10.00

Receipt #: _____

Clerk Initials: _____

APPROVAL: _____

Director of Operations or Designate

DATE: _____