



City of Coquitlam Road and Sidewalk Closure Permit Request

Traffic Operations Division
3000 Guildford Way, Coquitlam BC V3B 7N2
Phone: 604-927-6250 Fax: 604-927-6255
Email: trafficoperations@coquitlam.ca

Submit to the Traffic Operations Division a minimum of 5 business days prior to the intended closure date.

Permit Fee - \$75.00 (Effective February 1, 2019)

Payment Methods – After review, and if approved, payment options will be emailed to the applicant.

Application Date: _____

City Project Number (if applicable): _____

Contact Information

Company Name: _____

Applicant Name: _____

Name of Contractor doing work for Company/Applicant: _____

Phone: _____ **Fax:** _____

24 Hour Emergency Phone: _____ **Email:** _____

Location, date and time, and traffic control plan information

I request approval to close (check all that apply): Direction: Northbound Southbound Eastbound Westbound

Curb/Outside Lane Centre/Inside Lane Right Turn Lane Left Turn Lane Cycling Lane Sidewalk

Single Lane Alternating Traffic Full Closure

Road/Street Name: _____

Location Description: _____

Date & Time Information: **Dates:** _____

Starting

Ending

Hours: _____

Starting

Ending

Purpose: _____

Will this closure disrupt: Bus Routes or Stops? Yes No If yes, the Applicant will need to contact Coast Mountain Bus Company regarding disruptions.

Will this closure disrupt: Garbage/Recycling Routes or Pick Up? Yes No If yes, the Applicant will need to assist the contractor and/or contact the City's Environmental Services Group. www.coquitlam.ca/trashtalk

Traffic Control Plan*:

- (a) Traffic Management Manual for Work on Roadways Figure Number _____, or
- (b) A Traffic Control Plan (*attach separately*) indicating signage, taper lengths, direction of traffic, work area, and north arrow

Traffic control persons (flag persons) on duty? Yes No If yes, specify how many: _____

** Important Notice: All operations within the road right-of-way must comply with Worksafe BC regulations and BC Ministry of Transportation standards for work on roadways.*

Application Checklist

- Permit Fee
- Prime Contractor Designation Letter
- City of Coquitlam Certificate of Insurance
- Traffic Control Plan or Traffic Management Manual for Work on Roadways Figure Number
- Coast Mountain Bus Company (Phone: 778-593-5774 | Email: special.events@coastmountainbus.com) contacted regarding impact to bus routes and bus stops
- City of Coquitlam Environmental Services Group (Phone: 604-927-3500 | Email: wastereduction@coquitlam.ca) contacted regarding impact to garbage/recycling routes and pick up

I HEREBY AGREE to the terms stipulated herein and further agree to indemnify and save harmless the City against any and all claims, actions, or expenses whatsoever or by whomsoever brought against the City by the reason of the City granting us this Road and Sidewalk Closure Permit. I further agree to accept responsibility to ensure proper situation control and street sweeping for the duration of the road or sidewalk obstruction.

Date _____
Applicant Signature

Office Use Only PERMIT STATUS

- Permit Fee Prime Contractor Letter Certificate of Insurance
- Traffic Control Plan Impact to bus service Impact garbage and recycling collection
- Request is denied for the following reason(s): _____
- Request is approved with the following change(s): _____
- Request is approved as submitted

Date _____
Traffic Technologist or Designate