



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 - \$150 for initial permit and \$75 for subsequent permits (same site).

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

Application Date: _____ **City Project or Film Permit 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 Lane Right Turn Lane Centre 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. Contact information is on page 2.

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. Contact information is on page 2. For the collection schedule see coquitlam.ca/trashtalk.

Traffic Control Plan:

- (a) Traffic Control Manual for Work on Roadways Figure Number _____,
- OR
- (b) A sketch (*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: _____

All operations within the road right-of-way must comply with Worksafe BC regulations and the BC Ministry of Transportation [Traffic Control Manual](#) for Work on Roadways (1999 edition)

Application Checklist

- Permit Fee
- Prime Contractor Designation Letter
- City of Coquitlam Certificate of Insurance
- Sketch for Traffic Control Plan or Traffic Control 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