



TEMPORARY STREET USE PERMIT

Application Fee: \$215.00

APPLICANT INFORMATION

Name _____
 Company _____ Email _____
 Address _____
 Phone _____ Fax _____

DATE(S), TIME(S), and LOCATION OF ACTIVITY

Date(s) _____ from _____ to _____
 Time(s) _____ from _____ to _____
 Street Name(s)/Location _____

INSURANCE POLICY - Permit is not valid without insurance.

The City of Mission must be named as additional insured on policy for minimum \$5,000,000 liability.

Policy _____ Expiry _____

TRAFFIC MANAGEMENT DETAILS - (activities, obstructions, closure(s) in the road or sidewalk)

The City of Mission reserves the right to require a Traffic Management Plan (TMP) for any Street Use Permit Application.

☐ TMP Attached ☐ MoTI Traffic Management Manual for Work on Roadways Figure: _____

The Applicant hereby agrees:

- To indemnify and save harmless the City against all claims, liabilities, judgments, costs and expenses which may accrue to or against the City in consequence of granting this permit.
- To produce this permit for inspection when so requested by any Peace Officer or representative of the Municipal Engineer.
- Site must be left in the same condition as it existed at the time the permit was issued. All damage to City property shall be restored to the existing condition or better at the expense of the applicant.
- All signing/delineation must conform to BC Ministry of Transportation and Infrastructure's 2015 Interim Traffic Management Manual for Work on Roadways at the expense of the applicant.

Signature of Applicant _____ Date _____

Please submit to: City of Mission, 7337 Welton Street, Mission, BC V2V 3X1

Phone: 604-820-3736; Email: engineering@mission.ca

FOR OFFICE USE ONLY

Date _____ Expiry Date _____

Permit No. _____ Receipt No. _____

Comments _____

Permit Approved by _____

Signature _____

This permit must be carried at all times and be available upon request.



ROAD CLOSURE FORM

ROAD CLOSURE DETAILS

Road Name _____

DATE(S) AND TIMES OF ACTIVITY:

Date(s) From: _____ To: _____
(yyyy-mm-dd) (yyyy-mm-dd)

Time(s) From: _____

TYPE OF CLOSURE:

☐ Single Lane Closure ☐ Sidewalk Closure ☐ Full Road Closure

REASON FOR CLOSURE: _____

If this is for a full closure, will emergency vehicles have access? ☐ Yes ☐ No N/A

Is the closure along a bus route? ☐ Yes ☐ No

Will the closure affect a bus stop? ☐ Yes ☐ No

APPLICANT INFORMATION

Name _____

Company _____ Email _____

Address _____

Phone _____ Fax _____

Applicant's Signature _____ Date _____

City Contact: _____ Phone: _____

Please submit to: City of Mission, Engineering & Public Works Department

FOR OFFICE USE ONLY

☐ City Sign Crew Required OR ☐ Contractor will be Handling Signage

Public Works Clerk Notification:

☐ RCMP Fax 9-604-820-3548
☐ Ambulance Fax 9-604-826-1844
☐ Transit Fax 9-604-854-3598

☐ 911..... 911dispatch@fvrd.bc.ca
☐ Fire Dispatch..... firedispatch@fvrd.bc.ca
☐ School Bus (Mission)..... jodi.marshall@mpsd.ca
☐ Garbage Pick Up kdyck@gflenv.com
☐ Engineering Division engineering@mission.ca
☐ Fire Shift Captain shiftcaptain@mission.ca
☐ Mission Duty Chief..... missiondutychief@mission.ca