



# TEMPORARY STREET USE PERMIT

Application Fee: \$158.00

### 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 District 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 District 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:

- a) To indemnify and save harmless the District against all claims, liabilities, judgments, costs and expenses which may accrue to or against the District in consequence of granting this permit.
- b) To produce this permit for inspection when so requested by any Peace Officer or representative of the Municipal Engineer.
- c) Site must be left in the same condition as it existed at the time the permit was issued. All damage to District property shall be restored to the existing condition or better at the expense of the applicant.
- d) 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: District of Mission, 7337 Welton Street, Mission, BC V2V 3X1  
Phone: 604-820-3736; Email: [engineering@mission.ca](mailto: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 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

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 \_\_\_\_\_

District Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## FOR OFFICE USE ONLY

District Sign Crew Required OR     Contractor will be Handling Signage

### Public Works Clerk Notification:

- |  |  |
|--|--|
| <input type="checkbox"/> RCMP..... Fax 9-604-820-3548      | <input type="checkbox"/> 911..... 911dispatch@fvrd.bc.ca                     |
| <input type="checkbox"/> Ambulance..... Fax 9-604-826-1844 | <input type="checkbox"/> Fire Dispatch..... firedispatch@fvrd.bc.ca          |
| <input type="checkbox"/> Transit..... Fax 9-604-854-3598   | <input type="checkbox"/> School Bus (Mission)..... jodi.marshall@mpsd.ca     |
|  | <input type="checkbox"/> Garbage Pick Up..... ernie@rempedisposal.com        |
|  | <input type="checkbox"/> Engineering Department .... engineering@mission.ca  |
|  | <input type="checkbox"/> Fire Shift Captain ..... shiftcaptain@mission.ca    |
|  | <input type="checkbox"/> Mission Duty Chief..... missiondutychief@mission.ca |