



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 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:

- a) 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.
- 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 City 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: 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 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: City 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..... curbsidecontractor@mission.ca |
| | <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 |