



# TEMPORARY STREET USE PERMIT

Application Fee: \$190.00

### 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](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 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:

- |  |  |
|--|--|
| <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..... kdyck@gflenv.com               |
|  | <input type="checkbox"/> Engineering Division..... engineering@mission.ca    |
|  | <input type="checkbox"/> Fire Shift Captain..... shiftcaptain@mission.ca     |
|  | <input type="checkbox"/> Mission Duty Chief..... missiondutychief@mission.ca |