

Road and Sidewalk Closure Permit Request

City Hall 410 Kinchant St, Quesnel, BC, V2J 7J5

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Contact Information			
Company Name:			
Applicant Name:			
Mailing Address:			Postal Code:
Phone:	Cell:		Email:
Road and Sidewalk Closu	re Information		
I request approval to close (check	k all that apply):		
Right turn lane	Centre lane	Left turn lane	□ Sidewalk
Northbound	Southbound	Eastbound	U Westbound
Single lane, alternating	traffic	Full closure	
Road/Street name:			
Location description:			
Dates:	to	Нс	ours:toto
Purpose:			
Will this closure disrupt:	Bus routes	/stops 🛛 Ga	arbage routes
Traffic control persons on duty?	🗌 Yes	□ No If y	yes, how many?
All operations within the road right-of-wa	ny must comply with WorkSafe	e BC regulations and the BC Minis	stry of Transportation Traffic Control Manual for Work on Roadways (current editio
Application Checklist			
Prime Contractor Designation	on Letter	Traffic	Control Plan for Roadway & Sidewalk (including a sketch)
Certificate of Insurance		🗖 Transit	t Scaffolding Details
Site Plan		Public	Works contacted regarding impact to transit/garbage routes
Agreement			
es whatsoever or by whomsoeve	r brought against the Cit	y by the reason of the City o	save harmless the City against any and all claims, actions, or expen granting us this Road and Sidewalk Closure Permit. I further agree duration of the road or sidewalk obstruction.
Personal Information provided on	this form is collected und	er the authority of the Comm	nunity Charter/Local Government Act.
Owner's Signature		Date	
Permit Status (Office use	·		

Sketch Traffic Plan	Utilities Department	Bylaw Services	Building re: Part 8 of BCBC			
Request is denied for the fo	llowing reason(s):					
Request is approved with the following change(s):						
Request is approved as sub	mitted					
Request is approved as sub		ate	Director of Public Works Operations or Designate			