

#### **Engineering and Public Works Department**

1737 Broadway Street Port Coquitlam BC V3C2M9 Tel 604.927.5496

Email: transportation@portcoquitlam.ca

### **Application for Road/Lane Closure**

Road/Lane Closure Permits are for any activity within the road right-of-way; primarily for the temporary closure of one or more lanes of a highway including parking lane, sidewalk and boulevard areas.

A permit is required for City works, residential and commercial development, special events, and government and private utility agencies working within the City road right-of-way.

Depending on the type of works within the road right-of-way, a highway use permit may also be required.

The <u>Port Coquitlam Highway Use Bylaw 2018</u>, <u>No. 4033</u>, wishes to ensure the safe and orderly use of highways within the boundaries of the City. As per section 124 of the <u>Motor Vehicle Act</u> and section 36 of the <u>Community Charter</u>, the City of Port Coquitlam is authorized to regulate traffic and use of the highways.

For more information, visit <a href="https://www.portcoquitlam.ca/rdcpermit">www.portcoquitlam.ca/rdcpermit</a>.

#### PLEASE ALLOW TEN (10) BUSINESS DAYS TO PROCESS YOUR REQUEST

#### TO BE COMPLETED BY APPLICANT

I/ We hereby make application for a Highway Use Permit. In consideration of the acceptance of my application, I/We hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS that I/we have or may in the future have against the City of Port Coquitlam and its elected officials, directors, employees, officers, agents, representatives, contractors, successors, assigns and volunteers (collectively, the "CITY"), and TO RELEASE THE CITY from any and all liability for any loss, damage, expense or injury including death that I/we may suffer arising out of a Permit, if issued, whether foreseen or unforeseen, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT ON THE PART OF THE CITY. I/WE UNDERSTAND THAT NEGLIGENCE INCLUDES THE FAILURE ON PART OF THE CITY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME/US FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;
- 2. **TO HOLD HARMLESS AND INDEMNIFY THE CITY** against all claims, liabilities, judgments, costs (including legal fees on a solicitor/client basis), and expenses of whatever kind, which may in any way accrue against the City in consequence of, and incidental to, the granting of this Permit, if issued; and
- 3. This Release and Indemnity survives the expiration of the Permit, if issued, and shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

Application Date:					
Applicant Name:					
Applicant Address:					
Applicant Phone:		Applicant Email:			
		SITE INFOR	RMATION		
Block Number(s):		S <sup>.</sup>	treet:		
Address of Project/Co	nstruction Site:				
Description of work to	be done:				
Special Event (parade, run, walk, etc.)		☐ Yes		] No	
Name of special event	t:				
Direction Bound:	■ North	Specific Lanes:	Left turn lane	☐ Sidewalk	
	■ South		Right turn lane	Curb/cycling	
	☐ East		☐ Centre lane		
	☐ West		☐ All lanes		

## CITY OF PORT COQUITLAM

Is the work zone at/near a bus stop or on a bus route? <b>Bus</b> If yes, the Applicant will need to contact Coast Mountai Contact information: Phone 778.593.5774 or email: <a href="mailto:special">special</a> that CMBC require 10 working days to review the request.	n Bus Company (CMBC) regarding disruptions.						
DATE & TIME INFORMATION							
Dates: Starting	Ending						
Hours: Starting	Ending						
■ Work on Saturday  NOTE: Work on Sunday is NOT permitted. Arterial and coll  Special events may take place on a Sunday.	ector roads are subject to time restrictions.						
APPLICATION REQUI	REMENTS						
Required	If Applicable						
□ Completed Application form and Notice of Prime Contractor Form	□ Highway Use Security						
☐ Application Fee Fees and Charges Bylaw Schedule B	☐ Inspection fee						
☐ BCCSA # (BC Construction Safety Alliance) for the TMP	☐ Proof of Insurance						
<ul> <li>Attach a certified TMP(Traffic Management Plan)</li> <li>Hand drawn diagrams are NOT acceptable.</li> </ul>							
<ul> <li>CMS(Construction Message System)</li> <li>Electronic boards are required on Arterial and Major</li> <li>Collector roads.</li> <li>Contact our office for verification 604.927.5496.</li> </ul>							
*Any activity within the city road right of way may require City stall will review the application and contact the application permit.	, ,						
APPLICANT ACKNO	WLEDGEMENT						
I declare that I am aware of the terms and conditions of abide by the regulation, requirements and conditions impme in connection with the Road/Lane closure operation. I have fulfilled the completed application requirements, at the City for services in processing the application.	osed by the said bylaw and any permit issued to						
Authorized Signature:	Date:						
Print Name:							
Note: Personal information entered on this form is collected under the a	uthority of the Local Government Δct. Records and						

information collected as part of the Road Closure Application process is a public record and is subject to the Freedom of Information and Protection of Privacy Act (FOIPPA). If you have any questions or concerns about how your information will be used, contact the

Corporate Office at 604.927.5212 or corporateoffice@portcoquitlam.ca

## CITY OF PORT COQUITLAM

### **CONTRACTOR COORDINATION PROGRAM**

PRIME CONTRACTOR DESIGNATION FORM

The following is a checklist that City of Port Coquitlam Policies, and applicable Acts, and Regulations require when a Prime Contractor has been designated. That is, the City of Port Coquitlam is the owner.

Р	roject Title / Description:					
Fi	ile / Tender Reference #:					
<u>D E</u>	FINITIONS					
	owner (City of Port Coquitlam) rime Contractor	According to Workers Compensation Act (Part 3) Any contractor designated by the Owner to be the Prime Contractor on a project with respect to occupational health and safety <u>ONLY</u>				
<u>D E</u>	SIGNATION AND RESPONS	<u>IBILITIES</u>				
Wo	orker's Compensation Act and Reg As a Contractor signing this agree supervisory staff and workers wil 118 (1) and (2) of the Worker's Co The Contractor shall have a safety	ement with the City, you are agreeing that your company, management staff, I comply with WorkSafeBC Regulations Sections 20.2 and 20.3 as well as Sections				
	The Contractor shall ensure all w	orkers are suitably trained and qualified to perform the duties for which they have				
	been signed.  If the Prime Contractor wishes to designate another firm as the Prime Contractor, the City shall be advised in wri of your intentions prior to the commencement of the new Prime Contractor designation. The new Prime Contra must agree through signature to all the terms of this agreement.					
	The Contractor shall identify and in the workplace.	designate a qualified coordinator, who must coordinate health and safety activities				
	The Contractor shall provide the letter from the WorkSafeBC conf	City of Port Coquitlam with the Contractor's WorkSafeBC registration number and a firming that the Contractor is registered in good standing with the WorkSafeBC and raid to the date thereof prior to the City of Port Coquitlam having any obligations to t				
	The Contractor shall submit the	Notice of Project to WorkSafeBC, where required on a construction workplace. See				
	_	2 for the general requirements of a Notice of Project. hese additional documents are required to be maintained and available by the				
		and regular safety meetings held between contractors and their workers lar inspections in the workplace				

City of Port Coquitlam Road/Lane Closure Application revised March 2021

# CITY OF PORT COQUITLAM

_	Print Name	Print Name						
_	Prime Contractor Signature	City Contract Administrator Signature –						
	Qualified Coordinator:							
	WorkSafe BC #:							
	Prime Contractor Address:	<del>.</del>						
	Prime Contractor Firm Name:							
•	r signing this agreement, I agree as a re entractor for this project.	epresentative of the firm noted below, to assume responsibilities of the	e Prime					
l, t	the undersigned, acknowledge having	read and understand the information above.						
	<ul> <li>Current list of the name of a qualified person designated to be responsible</li> <li>Ensure that in the event of an accident, where there is a loss of life or where there is potential for an accident leading to loss of life, the City of Port Coquitlam is immediately advised forthwith of the details and any other information.</li> <li>Any failure to meet the safety requirements of the contract may be considered a breach of contract resulting ir possible termination or suspension of the contract and/or any other actions deemed appropriate at the discretion of the City.</li> </ul>							
	<ul> <li>Worker training records</li> </ul>							

Date

Date