



APPLICATION DATE_____

APPLICATION NUMBER_____

APPLICANT INFORMATION (CONTRACTOR)

APPLICANT NAME_____

COMPANY NAME_____

STREET ADDRESS_____

PHONE_____

EMAIL*_____

*By providing your email address above, you are consenting to receive electronic communications from an authorized person of the Town of Whitecourt

AFTER-HOURS CONTACT 1

NAME_____

AFTER-HOURS CONTACT 2

NAME_____

PHONE_____

PHONE_____

LOCATION

PROPOSED START DATE_____

PROPOSED END DATE_____

PROPOSED DAILY START TIME_____

PROPOSED DAILY END TIME_____

ROAD NAME_____

BETWEEN_____ (ROAD A)

AND_____ (ROAD B)

ADDITIONAL LOCATIONS (LIST ALL APPLICABLE)

AFFECTED INFRASTRUCTURE

- PARKING LANE
- DRIVING LANE
- FULL ROAD
- INTERSECTION

- DRIVEWAY
- BACKALLEY
- PATHWAY
- SIGNS/LIGHTS

- SIDEWALK
- CURB AND GUTTER
- BOULEVARD
- OTHER

If the affected infrastructure is "OTHER", please describe:

ACTIVITY INFORMATION

GENERAL DESCRIPTION

- INSTALLATION

- REMOVAL

- MAINTENANCE/REPAIR

WORK TYPE

- RESIDENTIAL CONSTRUCTION
- COMMERCIAL CONSTRUCTION
- INDUSTRIAL CONSTRUCTION
- ROADWAY

- UNDERGROUND POWER
- OVERHEAD POWER
- UNDERGROUND TELECOM
- OVERHEAD TELECOM

- GAS/PIPELINE
- WATER/SEWER
- SIGNS/LIGHTS
- OTHER

If the work type is "OTHER", please describe:_____

PROJECT DETAILS

ACCESS DURING PROJECT

- NO PEDESTRIAN TRAFFIC SINGLE-LANE CLOSURE NO THROUGH TRAFFIC
- LOCAL TRAFFIC ONLY ALTERNATING LANES OTHER

If the public access is "OTHER", please describe: _____

PROPOSED TRAFFIC ACCOMMODATION

- SIGNAGE & BARRICADES FLAGPERSON FULL DETOUR

OVERVIEW OF TRAFFIC ACCOMMODATION PLAN

Please submit a detailed Traffic Accommodation Plan in accordance with the **Edmonton Procedures for On-Street Construction Safety (Current Edition)** indicating all closure, signage, and detour information. Include sketch of proposed worksite.

TERMS AND CONDITIONS
<ol style="list-style-type: none"> 1. Application for a temporary traffic control permit must be submitted a minimum of 5 business days in advance of the intended closure date, unless the closure is required for emergency purposes. 2. A detailed Traffic Accommodation Plan must be provided to show the plan for traffic control, including equipment to be used and the location of this equipment. Work may not begin until the Town has approved the plan. 3. The applicant and their agents or employees must comply with all bylaws and ordinances of the Town of Whitecourt. 4. This information is being collected under the authority of Section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer a Temporary Traffic Control Permit and subsequent agreements outlined in this application as required by the Town of Whitecourt. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-778-2273. 5. Town property must be restored to original condition or better by the applicant. 6. Additional requirements may be required by the Town of Whitecourt.

I, _____, hereby make application to the Town of Whitecourt to occupy the right of way for the purpose described and agree to abide by the conditions established on the permit, as well as all federal, provincial, and municipal laws. I agree to assume all liability and/or cost incurred as a result of road occupancy to maintain the work area and to indemnify and save harmless the Town until final completion and approval.

SIGNATURE _____ DATE _____

FOR ADMINISTRATIVE USE ONLY			
NOTIFY (via email): <input type="checkbox"/> RCMP <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FIRE <input type="checkbox"/> TRANSIT <input type="checkbox"/> NORTHERN GATEWAY <input type="checkbox"/> LIVING WATERS <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> WATER <input type="checkbox"/> BYLAW <input type="checkbox"/> DEVELOPMENT <input type="checkbox"/> OTHER (describe): _____ _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISCRETIONARY <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER	TRAFFIC ACCOMMODATION PLAN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ASSOCIATED PERMITS _____ _____		
	INTERNAL PROJECT LEAD _____ PHONE _____		
	ALTERNATE CONTACT _____ PHONE _____		
	PRINTED NAME OF AUTHORIZED REPRESENTATIVE _____		
	SIGNATURE _____ DATE _____		