

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 authorized personnel of the Town of Whitecourt

AFTER-HOURS CONTACT 1

NAME_____

PHONE_____

AFTER-HOURS CONTACT 2

NAME_____

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)_____

Please submit a detailed map clearly indicating the work area. The map should show street names and boundaries of the work. The Town's GIS system, Catalis, is a useful tool for creating and editing maps, and can be accessed at: www.whitecourt.ca/live/maps.

AFFECTED INFRASTRUCTURE

☐ PARKING LANE

☐ DRIVEWAY

☐ SIDEWALK

☐ DRIVING LANE

☐ BACKALLEY

☐ CURB AND GUTTER

☐ FULL ROAD

☐ PATHWAY

☐ BOULEVARD

☐ INTERSECTION

☐ SIGNS/LIGHTS

☐ OTHER

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

ACTIVITY INFORMATION

GENERAL DESCRIPTION:

☐ INSTALLATION

☐ REMOVAL

☐ MAINTENANCE/REPAIR

WORK TYPE:

☐ RESIDENTIAL CONSTRUCTION

☐ UNDERGROUND POWER

☐ GAS/PIPELINE

☐ COMMERCIAL CONSTRUCTION

☐ OVERHEAD POWER

☐ WATER/SEWER

☐ INDUSTRIAL CONSTRUCTION

☐ UNDERGROUND TELECOM

☐ SIGNS/LIGHTS

☐ ROADWAY

☐ OVERHEAD TELECOM

☐ OTHER

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

PROJECT DETAILS _____

ACCESS DURING PROJECT

☐ NO PEDESTRIAN TRAFFIC
☐ LOCAL TRAFFIC ONLY

☐ SINGLE-LANE CLOSURE
☐ ALTERNATING LANES

☐ NO THROUGH TRAFFIC
☐ 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 **Town of Whitecourt Traffic Accommodation in Work Zones Manual (Current Edition)** indicating all closure, signage, and detour information. Include sketch of proposed worksite.

TERMS AND CONDITIONS

1. Application for a temporary traffic control permit must be submitted a minimum of five (5) business days in advance of the intended closure date, unless the closure is required for emergency purposes.
2. Applications must be accompanied by a map of the work location, and a detailed Traffic Accommodation Plan.
3. The Traffic Accommodation Plan must 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.
4. The applicant and their agents or employees must comply with all bylaws and ordinances of the Town of Whitecourt.
5. The personal information collected through the Temporary Traffic Control Permit Form is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at administration@whitecourt.ca or 780-778-2273.
6. Town property must be restored to original condition or better by the applicant.
7. 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"/> APPROVED	<input type="checkbox"/> DISCRETIONARY	<input type="checkbox"/> REFUSED	<input type="checkbox"/> OTHER
<input type="checkbox"/> RCMP	TRAFFIC ACCOMMODATION PLAN AND MAP ATTACHED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> AMBULANCE	ASSOCIATED PERMITS _____			
<input type="checkbox"/> FIRE	_____			
<input type="checkbox"/> TRANSIT	INTERNAL PROJECT LEAD _____ PHONE _____			
<input type="checkbox"/> NORTHERN GATEWAY	ALTERNATE CONTACT _____ PHONE _____			
<input type="checkbox"/> LIVING WATERS	PRINTED NAME OF AUTHORIZED REPRESENTATIVE _____			
<input type="checkbox"/> PUBLIC WORKS	SIGNATURE _____ DATE _____			
<input type="checkbox"/> WATER				
<input type="checkbox"/> BYLAW				
<input type="checkbox"/> DEVELOPMENT				
<input type="checkbox"/> OTHER (describe): _____ _____				