Highway Use Permit

100 Newport Drive, Port Moody, BC, V3H 5C3, Canada Tel 604.469.4618 • Fax 604.469.4533 • www.portmoody.ca

THIS FORM MUST BE SUBMITTED TEN (10) WORKING DAYS PRIOR TO THE INTENDED START DATE										
Section 1:										
Applicant name:			Description / purpose of work:							
Address:										
Phone:										
Email:										
Planned start date:// Plan	ned end date:	//_								
Project location (Street name):										
Application Type: Major Projects (complete Section 2) Movie Productions (complete Section 2) Community Events (complete Section 2) Minor Requests (complete Section 3) Miscellaneous (complete Section 4)										
Section 2:										
Location to / from:			Direction: N	B/SB/EB/WB						
☐ Multiple streets / locations (provide details on Appendix A - Traffic Management Plan)										
☐ Partial closure Number of lanes closed:										
☐ Full closure ☐ Loca		☐ No thro	ugh traffic							
Start time:			End time:							
Will this use disrupt transit routes and	stops? ☐ yes*	□ no	*If yes, Applica	nt will need to contact Coa BC) regarding possible se	ast Mountain Bus					
	e Contractor Desig		Certificate of	Insurance ☑ Traffic	Management Plan					
Millimum Requirements. ☑ Payr	ment of Fees	<u> </u>	2 Public Notific	ation ☑ Coord	lination with CMBC					
Section 3:										
Start time:			End time:							
Will this use disrupt traffic flow?	□ yes*	□ no	*Complete Sec	tion 1 above including Tra	affic Management Plan					
Will this use disrupt parking?	□ yes*	☐ no		*Include details on attached sketch or plan.						
Will this use disrupt transit routes and	stops? ☐ yes*	□ no		nt will need to contact Coa BC) regarding possible se						
Minimum Requirements: ☑ Cert	ificate of Insurance	[☑ Sketch or Pla	an ☑ Paymo	ent of Fees					
Section 4:										
Route to / from:			Direction: N	B/SB/EB/WB						
Start time:			End time:							
	e Contractor Desig		Certificate of (Appendix B)	Insurance ☑ Payme	ent of Fees					
Applicant Acknowledgement:										
☐ I am the owner of the property. I/we acknowledge, in accordance with the Worker's Compensation Act (RSBC 1996) Chapter 492, Part 3, Division 3, Section 118 and 119 that I/we are the "Prime Contractor" and are qualified to act as the "Prime Contractor". I/we accept the duties and responsibilities for coordinator of health and safety in accordance with the Workers Compensation Act. And Further that I/we will do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with the Workers Compensation Act and the Occupational Health and Safety Regulations.			□ I am the prime contractor. The prime contractor must comply with the "Traffic Control Manual for Work on Roadways" as well as the Workers' Compensation Act and Occupational Health Safety Regulations at all times. Company Name: Contact Name: Address: Phone: Fax:							
☐ I hereby agree to the terms stipulated herein and further agree to indemnify and save harmless the City against any and all claims, actions or expenses whatsoever or by whomsoever brought against the City by the reason of the City granting us this Highway Use Permit. I further agree to accept responsibility to ensure proper siltation control and street sweeping for the duration of the road obstruction.										
Applicant's signature:			Date:							

Terms & Conditions – to be completed by City of Port Moody												
Major Projects, Movie Productions & Community Events			Minor Pi	Minor Projects			Miscellaneous					
☐ Prime Contractor Designation ☐ Certificate of Insurance ☐ Traffic Management Plan ☐ Payment of Fees ☐ Public Notification ☐ Coordination with CMBC ☐ Other			☐ Certif	□ Prime Contractor Designation □ Certificate of Insurance □ Sketch or Plan □ Payment of Fees □ Coordination with CMBC □ Other			□ Prime Contractor Designation □ Certificate of Insurance □ Oversize/Overweight Application □ Payment of Fees □ Other					
Restricted	to:				Notes:							
Days	From:		To:									
Hours	From:		To:						1			
The applicant will ensure:												
□ Com	<i>munication</i> nce of closu	to property o	wners/bus	ness owners	оу	, at l	east	days in				
Certif (Traffic	Control shall of ational Health S	comply with the (City of Port Mo		and Public Plac	ces Bylaw No. 1528-C, Roadways.)	, 1981, WorkSa	afe BC,	1			
Route	<u> </u>					g signs 🗖 yes 🗖 no						
☐ Othe	r											
Damage d	Damage Deposit Damage deposit required? □ yes □ no Notes:					Amount: \$						
	Does the applicant require a business license? Does the applicant require a Contractor's Compliance Form per WCB?					□ yes □ no □ n/a □ yes □ no □ n/a						
To guarar	fees, see City Itee complia ted permit t		ese condit			rovided the City	with \$					
		ork is being p	erformed fo	or the City of F	ort Moody o	r a film company	Ψ					
				Appli	cant Acknowle	edgement of Terms a	& Conditions	(if required):	(initial)			
□ Request	is approved	as submitted	l	eering Departr								
☐ Request	is approved	(in principle)	subject to	acknowledger	nent of the te	erms and condition	s above.					
				under City of I oned highway	•	Street Traffic and F	ublic Place	s Bylaw No				
Issued by:			Date:			Signature:						
On behalf of the General Manager, Engineering & Public Works												
Distribution:	□ Operations	s 🗆 Fire 🗅	Police □ B	ylaws								