



# Road Usage Permit Application Form

City of Revelstoke  
1200 E Victoria Rd  
Revelstoke, BC  
V0E 2S0  
Tel: (250) 837-2001  
Fax: (250) 837-2059

**PERMITS WILL BE APPROVED OR DECLINED WITHIN 5 BUSINESS DAYS. WORK CANNOT START WITHOUT AN APPROVED PERMIT AND A COPY OF THE APPROVED PERMIT MUST BE ON SITE AT ALL TIMES.**

**Prime Contractor:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Project / Location / Address:** \_\_\_\_\_ **Specify Civic Address, Plan or Lot #.** \_\_\_\_\_

Title	Contact Name	Office #	Cell #	24hr call #	Fax #	Email
Prime Contractor						
Engineering Consultant						
Geo Tech						
Traffic Control Supervisor						

Note - Prime Contractor is to immediately notify the Operations Clerk of any changes in contact information, permit conditions, location changes etc

**Detailed Description of Work or Activity:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Safe BC Notice of Project  Y  N Cost of Project \$ \_\_\_\_\_ Notice to Proceed  Y  N File # \_\_\_\_\_

Permit Date/Time Requested and Schedule of Work			Deposit Type:		LOC	Chg	CC	N/A
Start Date (M / D / Y)	End Date (m / d / y)	Start Time: 00:00-24:00	End Time:					
____/____/____	____/____/____	00:00-24:00						

Note – permit end date is; date when permanent surface restoration is complete and contractor has notified the City.  
Note – permit MUST remain open until ALL work is complete. Failure to do so may result in fines or legal action.  
Note – Maintenance of the permit areas is the responsibility of permit holder at ALL times unless other wise arranged and noted.

Provide Work Schedule Detail as required Yes  No  (Select one -"X")

Excavated Site Surface Material(s):			Select all that Apply "X"	
Asphalt	Concrete	Other		
Curb <input type="checkbox"/>	Curb <input type="checkbox"/>	Blvd (type): _____		
Sidewalk / Walkway <input type="checkbox"/>	Sidewalk <input type="checkbox"/>	Shoulder (type): _____		
Roadway <input type="checkbox"/>	Roadway <input type="checkbox"/>	Misc (specify): _____		
Min asphalt restoration (W)1.45m <input type="checkbox"/>	Driveway <input type="checkbox"/>	Within 2m of a tree <input type="checkbox"/>		

Traffic Information		Select all that Apply "X"	
Road Name and Direction n/b, s/b etc. Use additional sheet if more than one road	Where on Roadway	Condition(s)	
	Shoulder / Sidewalk / Blvd <input type="checkbox"/>	Road Closure - Local Traffic	
	Curb Lane <input type="checkbox"/>	Road Closure- No Traffic / Detour	
	Median Lane <input type="checkbox"/>	Single Lane - Alternating Traffic	
	Median <input type="checkbox"/>	Lane Closure- Multi Lane Road	
	Intersection <input type="checkbox"/>	Lane Closure- Continually Moving	
	Rear Lane (Alley) <input type="checkbox"/>	Traffic Control Person(s)	

Traffic Control Plan detail are included (Select one -"X") (If no, a TMP needs to be faxed prior to starting work) Y  N

- Locates are required, prior to excavating, under the terms of the Road Usage Permit and WCB/Work Safe, Occupational Health and Safety Regulations; Failure to do so will invalidate the Road Usage Permit.
- Application FEES are non refundable. \$50 MC Visa Debit Cash
- All City Bylaws and guidelines MUST be followed at all times. See City of Revelstoke Traffic and Highways Bylaw 1400
- Work CANNOT take place within 2m of a tree on a ROW without first obtaining approval from the Parks Supervisor. (250-837-2001)

I(we) hereby acknowledge I have read and understood the City of Revelstoke Traffic and Highways Bylaws and agree to be bound by its provisions and amendments, if any, specifications and regulations to the City governing excavations in or under municipal streets and to such special conditions, restrictions and regulations as may be imposed by the City.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature for Faxing or in person applications: \_\_\_\_\_  
M D Y (Contractor Signing Authority)

Email applications please read and check box:  
As signing authority for the Prime Contractor, by clicking this box I agree to the terms and conditions of this application;



City of Revelstoke  
Road Usage Permit Application Permit

The applicant is hereby authorized to carry out proposed works on or under the above named street at the location designated; provided, however, all work is performed in accordance with the attached conditions and regulations, the applicant's plans, the City's Bylaws, specifications, and regulations governing work on or in streets, and the following special conditions: or such special conditions as may be imposed during the performance of the authorized work. The applicant is responsible to have the appropriate insurance in place to cover any such incident that may occur with the above noted work to take place. The applicant is to ensure all appropriate signage is in place and that all precautions have been taken to protect public property and persons.

Date Application Approved: \_\_\_\_\_

Operations Manager of Public Works: \_\_\_\_\_



# Road Usage Permit Traffic Control Plan

## Traffic Control Supervisor - Work Zone Site Assessment

<b>Site Assessment Considerations:</b>	<b>Site Assessment Summary</b>
<b>Road Geograhpy:</b> winding; straight; grade etc.	
<b>Road Type:</b> No. of lanes in each direction of travel; divided; undivided; bicycle; sidewalk etc.	
<b>Road Width: (traffic routing)</b> lanes; bicycle; sidewalk; shoulder etc.	
<b>Sight Obstructions:</b> trees; buildings; etc.	
<b>Approaches:</b> hills; curves; intersections; drive way access etc.	
<b>Work Zone Length:</b> active length; total length	
<b>Regulated Speed:</b> 50 km/h; 60km/h etc.	
<b>Traffic Types:</b> Pedestrian; Cyclists; Local; Tourist; Commercial; Transit; Emergency; School etc.	
<b>Surrounding Land Use:</b> Commercial; Industrial; Residential; Rural etc.	
<b>Procedural Considerations:</b>	<b>Procedural Summary</b>
<b>Work on roadway:</b> median lane; curb lane; bike lane	
<b>Work off roadway:</b> median;sidewalk;shoulder etc.	
<b>Work zone access/egress:</b> Construction equipment count per hr.	
<b>Equipment Access:</b> location	
<b>Work zone equipment buffer to:</b> pedestrians / cyclists / motorists - see MOT TCMWR: Yes or No "If no provide TCP "	
<b>Stationary work zone</b>	
<b>Continuously moving work zone</b>	
<b>Site Equipment Activity:</b> high or low	
<b>Working at or in an Intersection</b>	
<b>Working in or near a signalized intersection</b>	
<b>Hours of work:</b> day/night	
<b>Traffic control details when work ceases</b>	
<b>Emergency Vehicle Access</b>	
<b>Number of Traffic Control operations:</b> small and/ or large traffic management plan.	



# Road Usage Permit Traffic Plan Detail

Consider work zone site assessment and procedural summaries to prepare the traffic control plan(s)

<b>Considerations:</b>	<b>Traffic Plan Detail Summary</b>	
Spacing of devices		
Advanced warning area		
Transition area		
Buffer area		
Work area		
Termination area		
Delineation during off hours		
Sign transition		
Turning and/or removing signs		
Maintenance and replacement plan		
Traffic Control Persons:		
Qualifications		
Hours of work		
Communications		
Relief		
Site Instructions		
Traffic Control Supervisors		
Other:		
<p>Site Diagram (Email additional Documents to <a href="mailto:works@revelstoke.ca">works@revelstoke.ca</a>) - Show all site factors affecting traffic control, traffic control devices, spacing etc. (Insert applicable drawing from the Traffic Control Manual for Work on Roadways)  <a href="http://www.th.gov.bc.ca/publications/eng_publications/TCM/Traffic_Control_Manual.htm">www.th.gov.bc.ca/publications/eng_publications/TCM/Traffic_Control_Manual.htm</a></p>		
Traffic Control Plan Developed by:		
Site Meeting Attendance:		
<b>Name</b>	<b>Agency</b>	<b>Signature</b>