

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_____

PHONE_____

AFTER-HOURS CONTACT 2

NAME_____

PHONE_____

DATE/TIME

PROPOSED START DATE_____

PROPOSED END DATE_____

PROPOSED DAILY START TIME_____

PROPOSED DAILY END TIME_____

LOCATION

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 interactive web map is a useful tool for creating and editing maps, and can be accessed at: <https://www.whitecourt.ca/live/maps>

AFFECTED INFRASTRUCTURE

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> PARKING LANE | <input type="checkbox"/> DRIVEWAY | <input type="checkbox"/> SIDEWALK |
| <input type="checkbox"/> DRIVING LANE | <input type="checkbox"/> BACKALLEY | <input type="checkbox"/> CURB AND GUTTER |
| <input type="checkbox"/> FULL ROAD | <input type="checkbox"/> PATHWAY | <input type="checkbox"/> BOULEVARD |
| <input type="checkbox"/> INTERSECTION | <input type="checkbox"/> SIGNS/LIGHTS | <input type="checkbox"/> OTHER |

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

ACTIVITY INFORMATION

GENERAL DESCRIPTION

- | | | |
|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> INSTALLATION | <input type="checkbox"/> REMOVAL | <input type="checkbox"/> MAINTENANCE/REPAIR |
|---------------------------------------|----------------------------------|---|

WORK TYPE

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> RESIDENTIAL CONSTRUCTION | <input type="checkbox"/> UNDERGROUND POWER | <input type="checkbox"/> GAS/PIPELINE |
| <input type="checkbox"/> COMMERCIAL CONSTRUCTION | <input type="checkbox"/> OVERHEAD POWER | <input type="checkbox"/> WATER/SEWER |
| <input type="checkbox"/> INDUSTRIAL CONSTRUCTION | <input type="checkbox"/> UNDERGROUND TELECOM | <input type="checkbox"/> SIGNS/LIGHTS |
| <input type="checkbox"/> ROADWAY | <input type="checkbox"/> OVERHEAD TELECOM | <input type="checkbox"/> 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 **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
<ol style="list-style-type: none"> 1. Application for a temporary traffic control permit must be submitted a minimum of 2 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 applicant must pay all required fees and securities as outlined in the Fees, Rates, and Charges Bylaw 1551. 6. 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. 7. Town property must be restored to original condition or better by the applicant. 8. 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): _____ _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">APPLICATION FEE PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</td> <td style="width: 50%; border-bottom: 1px solid black;">PERMIT APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">TRAFFIC ACCOMMODATION PLAN AND MAP ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">ASSOCIATED PERMITS _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">INTERNAL PROJECT LEAD _____ PHONE _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">ALTERNATE CONTACT _____ PHONE _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">PRINTED NAME OF AUTHORIZED REPRESENTATIVE _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SIGNATURE _____</td> <td style="border-bottom: 1px solid black;">DATE _____</td> </tr> </table>	APPLICATION FEE PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	PERMIT APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TRAFFIC ACCOMMODATION PLAN AND MAP 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 _____
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