

ROAD/LANE CLOSURE REQUEST FORM

EIGHT (8) BUSINESS DAYS NOTICE IS REQUIRED TO PROCESS YOUR REQUEST

Please print clearly Date: _____ File #: _____
(Office Use ONLY)

CONTACT INFORMATION

Company Name: _____
 Contact Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

LOCATION INFORMATION

Block Number(s): _____ Street: _____
 Address of project/construction site _____

Please check all that apply

<u>Direction Bound:</u>	<input type="checkbox"/> North	<u>Specific Lanes:</u>	<input type="checkbox"/> left turn lane	<input type="checkbox"/> sidewalk
	<input type="checkbox"/> South		<input type="checkbox"/> right turn lane	<input type="checkbox"/> curb / cycling lane
	<input type="checkbox"/> East		<input type="checkbox"/> centre lane	
	<input type="checkbox"/> West		<input type="checkbox"/> all lanes	

Describe the construction work: _____

DATE & TIME INFORMATION

NOTE: Arterial and collector roads are subject to time restrictions.

Dates: Starting _____ Ending _____
 Hours: Starting _____ Ending _____
 Work on Saturday Work on Sunday is not permitted.

REQUIREMENTS

- 1) All Traffic Control devices must conform to the *Traffic Control Manual for Work on Roadways*, MoTI
- 2) Attach a certified TMP (Traffic Management Plan) – hand drawn diagrams **are not** acceptable
- 3) CMS (Construction Message System) electronic boards are required on Arterial & major Collector Roads (please contact our office for verification: 604-927-5420)
- 4) Will this closure disrupt: **Bus Routes or Stops?** Yes No
 If yes, the Applicant will need to contact Coast Mountain Bus Company (CMBC) regarding disruptions. Please note that CMBC requires 10 working days' notice to review the request. Contact information: Phone 778-593-5774 or E-mail special.events@coastmountainbus.com



NOTICE OF PRIME CONTRACTOR FORM

PLEASE SUBMIT EIGHT (8) BUSINESS DAYS PRIOR TO INTENDED CLOSURE DATE

Please print clearly

Date: _____

COMPANY INFORMATION

Company Name: _____

Contact Name: _____

Phone: _____ Fax: _____

LOCATION INFORMATION

Block Number(s): _____ Street: _____

Between _____ and _____

This declaration is a WorkSafe BC (formally WCB) requirement for work on road allowances, and City-owned properties, projects, and developments. As per the requirements of the Workers' Compensation Act Part 3, Division 3, Section 118 (1-3) which states:

Coordination of multiple-employer workplaces

118 (1) In this section:

"multiple-employer workplace" means a workplace where workers of 2 or more employers are working at the same time:

"prime contractor" means in relation to a multiple-employer workplace,

- (a) the directing contractor, employer or other person who enters into a written Agreement with the owner of that workplace to be the prime contractor for the purposes of this Part, or
(b) if there is no Agreement referred to in paragraph (a), the owner of the workplace.

(2) The prime contractor of a multiple-employer workplace must

- (a) ensure that the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated, and
(b) do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with this Part and the regulation in respect to the workplace.

(3) Each employer of workers at a multiple-employer workplace must give to the prime contractor the name of the person the employer has designated to supervise the employer's workers at that workplace.

By signing this Agreement, the undersigned accepts all responsibilities of a Prime Contractor as outlined in the Workers' Compensation Act, and WorkSafe BC (OH&S Regulation).

As a contractor signing this Agreement with the City, you are agreeing that your Company, Management staff, Supervisory staff and workers will comply with the Work Safe B.C. Occupational Health and Safety Regulations OH&S Regulations and the Workers' Compensation (WC) Act.

Any penalties, sanctions or additional costs levied against the City, as a result of the actions of the Prime Contractor are the responsibility of the Prime Contractor.

I, the undersigned, acknowledge having read and understand the information above.

By signing this Agreement, I agree as a representative of the firm noted below, to accept all responsibilities of the Prime Contractor for this project.

I fully understand and accept the responsibilities of the Prime Contractor designation in accordance with the Workers' Compensation Act for all work on road and lane allowances, Rights-of-Way in favour of Port Coquitlam and City-owned property; as described above, and will abide by all WorkSafe BC Regulation requirements.

WorkSafe BC #: _____ Company: _____

Signed: _____ Date: _____

(Authorized Signatory)