RESET FORM

DISTRICT OF HOPE

TEMPORARY STREET USE PERMIT

This permit must be carried at all times and be available upon request.

APPLICANT INFORMATION

Name _____

Company _____ Email _____

Address _____

Phone _____ Fax _____

DATE(S), TIME(S), and LOCATION OF ACTIVITY

Date(s) *from* _____ *to* _____

Time(s) *from* _____ *to* _____

Street Name(s)/Location _____

INSURANCE POLICY - *Permit is not valid without insurance.*

The District of Hope must be named as additional insured on policy for minimum $5,000,000 liability.

Policy _____ Expiry _____

TRAFFIC MANAGEMENT DETAILS - *(activities, obstructions, closure(s) in the road or sidewalk)*

The District of Hope reserves the right to require a Traffic Management Plan (TMP) for any Street Use Permit Application.

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_____

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☐ TMP Attached ☐ MoTI Traffic Management Manual for Work on Roadways Figure: _____

The Applicant hereby agrees:

a) To indemnify and save harmless the District against all claims, liabilities, judgments, costs and expenses which may accrue to or against the District in consequence of granting this permit.
b) To produce this permit for inspection when so requested by any Peace Officer or representative of the Operation Department.
c) Site must be left in the same condition as it existed at the time the permit was issued. All damage to District property shall be restored to the existing condition or better at the expense of the applicant.
d) All signing/delineation must conform to BC Ministry of Transportation and Infrastructure's 2015 Interim Traffic Management Manual for Work on Roadways at the expense of the applicant.

Signature of Applicant _____ Date _____

Please submit to: District of Hope, 325,Wallace Road, BC V0X 1L0
Phone: 604-869-2333 Email: tfoster@hope.ca

FOR OFFICE USE ONLY

Date _____ Expiry Date _____

Permit No. _____ Receipt No. _____

Comments _____

_____

_____

_____ _____

Permit Approved by Signature

File: 02-2020