

## ROAD/SIDEWALK CLOSURE PERMIT APPLICATION

This form must be completed in its entirety. Applications must be **submitted 5 business days in advance for local residential roads and 15 business days in advance for arterial and collector roads.**  
 A **Traffic / Pedestrian Accommodation Plan** will be required for this application.

<p><b>All Applications require payment of <u>Application Fee \$ 50.00 + GST **</u></b>          As per City of Beaumont Bylaw # 1041-23          ** Please note that fee waivers may be considered for non-profit or charitable group applicants.  <b>A "COB Receipt of Payment" must be <u>included</u> with this application.</b></p> <p>Fees can be paid at <b>City Hall Reception Counter at 5600 49 St, Beaumont</b>          or with a credit card via phone, contact 780.929.8782 ext 0          Hours: Monday to Friday 8:30am – 12:00pm and 1:00pm – 4:30pm (except Holidays)</p>		
<b>YOUR FILE #</b>	<b>APPLICATION #</b> <small>(CITY USE ONLY)</small>	
<b>SECTION 1 – COMPANY INFORMATION</b>		
<b>Company Name:</b>		
<b>Applicant Name:</b>		<b>Applicant Phone:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Email Address:</b>		
<b>SECTION 2 – PROJECT INFORMATION</b>		
<b>Contractor:</b> <small>(if different from Applicant)</small>		
<b>Field Contact (24 Hour Emergency):</b>		<b>Phone Number:</b>
<b>Email Address:</b>		<b>Cell Number:</b>
<b>SECTION 3 - CLOSURE DETAILS</b>		
<b>Proposed Start Date:</b>		<b>Proposed End Date:</b>
<b>Location from:</b>		<b>Location To:</b>
<b>Infrastructure Affected:</b> <input type="checkbox"/> Road <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lane <input type="checkbox"/> Blvd <input type="checkbox"/> Other		
<b>Related ULA or Permit Number</b> (if applicable):		
<b>Supporting Documents Included In This Application</b> (select the ones that apply) <b>Mandatory:</b>		
<input type="checkbox"/> Site Plan <input type="checkbox"/> Road / Sidewalk Closure Plan <input type="checkbox"/> Detour Plan (if applicable) <input type="checkbox"/> Surface Restoration Plan <input type="checkbox"/> Public / Business Notification Letter Draft <input type="checkbox"/> Other (provide information) _____		
<b>SECTION 4 - AUTHORIZATION</b>		
I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information to be used for the purposes identified below.		
<b>Signature:</b>		<b>Date:</b>
<small>The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit /application review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 ; ph: 780.929.8782.</small>		
<b>Approving Signature</b> <small>(City Use Only):</small>		<b>Approval Date</b> <small>(City Use Only):</small>
<b>City of Beaumont Approval Conditions</b> <small>(City Use Only):</small>		