

Note: Applications take at least three to five business days to process.

All areas of this form must be filled out. **If the area does not apply** to you **write in N/A**.

Strathcona County

Contact name _____ Department _____

Telephone _____ Fax _____

Prime Contractor

Company name _____

Contact name _____

Address _____
Street and number City/town Province Postal code

Telephone _____ Email address _____

Submitted by

Company name _____

Contact name _____

Address _____
Street and number City/town Province Postal code

Telephone _____ Email address _____

Location of work

Note: On arterial roadways, **lane closures** are **not permitted between 7 – 9 a.m. and 4 – 6 p.m.**

Work **must stop at 10 p.m.** as per the **Noise Control Bylaw 66-99**, as amended or replaced from time to time.

Description of work

Right-of-Way Construction Activity Permit - Application

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Duration

- Mobile/special Short (between 30 minutes and 24 hours) Parade/race
 Very short (less than 30 minutes) Long (more than 24 hours)

Start date _____ End date _____ Hours of operation _____
mm/dd/yyyy mm/dd/yyyy

Current speed limit _____ Proposed temporary speed limit _____

Number of drive lanes closing _____ Number of turning lanes closing _____

Pavement cut required yes no

Strathcona County consent obtained yes no ► Development permit number, franchise agreement
number, or line assignment number _____

Will traffic signals be non-operational yes no ► Duration _____

Pavement marking effected yes no

Excavation required yes no

Roadway/right of way restoration required yes no ► All restorations must be completed to County standards, must
call for inspection.

Transit stop/route(s) affected yes no ► _____

Work Type (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Moving jobs | <input type="checkbox"/> Sidewalk/trail closure | <input type="checkbox"/> Shoulder detour |
| <input type="checkbox"/> Speed reduction lane closure | <input type="checkbox"/> Roadside work | <input type="checkbox"/> Road diversion two direction |
| <input type="checkbox"/> Road closure | <input type="checkbox"/> Work adjacent to road | <input type="checkbox"/> Intersection work |
| <input type="checkbox"/> Median crossover two way | <input type="checkbox"/> Centre line crossover two way | <input type="checkbox"/> Yield oncoming traffic |
| <input type="checkbox"/> Two way flagging | <input type="checkbox"/> Work on edge roadway | <input type="checkbox"/> Multi lane closure |
| <input type="checkbox"/> Single lane closure | <input type="checkbox"/> Shoulder work | <input type="checkbox"/> Truck(s) entering/exiting |

Other ► _____

Sign plan submitted Location map submitted

Temporary Traffic Control Plan submitted by applicant in accordance with Temporary Traffic Control

Collection and use of personal information

Personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to manage and administer the permit application and approval process. If you have any questions about the collection and use of your personal information, contact the Manager, Transportation Infrastructure, Transportation and Agriculture Services, Strathcona County at 780-417-7100.