



CITY OF PRINCE RUPERT
Operations Department
 424 3rd Avenue West
 Prince Rupert, BC, V8J 1L7
Phone: (250) 627 0960 Fax: (250) 627 0979

APPLICATION FOR A TEMPORARY PARKING LOT CLOSURE PERMIT

I, _____ of _____
 (Name) (Sponsoring Organization)

Address: _____ Phone: _____

Email address: _____

Hereby make application for a permit for temporary parking lot closure at:

_____ (Location of Parking Lot)

On: _____ From: _____ To: _____

Purpose of closure: _____

This closure will be under the control of: _____
 (Name of person)

Phone number: _____ Email: _____

The applicant agrees to conform to all Bylaws of the City of Prince Rupert presently in force and to such special conditions, restrictions and regulations as contained in the attached schedule **and to such further special conditions as may be imposed by the Director of Operations**. The applicant further agrees to save harmless the City of Prince Rupert against all manner of actions, claims, debts, judgements, costs and expenses of any kind whatsoever which may be made against the City in consequence of and incidental to the granting of a Temporary Parking Lot Closure Permit.

 (Applicant Signature) (Date)

PARKING LOT CLOSURE PERMIT – SPECIAL CONDITIONS

The application is approved subject to the parking lot closure being carried out in conformity with all statutes and Bylaws in force in the City of Prince Rupert, British Columbia and the following special conditions.

1. Arrange in advance with a local rental company to rent all necessary barricades and signs for parking lot closure.
2. Arrange for sufficient personnel to control and direct traffic around the closure.
3. Pay the City for the cost of cleaning up the parking lot or any other costs that may be incurred as a result of the closure.
4. Provide three (3) days notice in advance to the Operations Department.
5. Co-ordinated, manned barricades are mandatory.
6. Manned barricade personnel must be able to communicate with visitors and provide local information.
7. Copy of liability Insurance (\$2,000,000) naming the City of Prince Rupert named as co-insured.

APPROVAL

 (Director of Operations or his/her Designate) (Date)

Receipt No. _____

Cost \$10.00