

THE UNIVERSITY OF BRITISH COLUMBIA

Campus Operations & Risk Management 1138 Alumni Avenue Admin Bldg Rm. 106 Kelowna BC, V1V 1V7

Traffic Management Application Form

Prime Contractor:					Address:					
Project Name	e:									
Location of V	Vork:									
Title	Contact	Comp	any	Office #	Cell	#	24hr ca	II#	Email	
	Name	Name	9							
Prime										
Contractor										
Traffic										
Control										
Supervisor										
Project										
Manager										
Note: Prime (Contractor is	to imme	diately	notify the	Project N	1anager	of any ch	nange i	in conto	act
information										
Description of	of Work or A	ctivity:								
	F	Permit D	ate/Tim	ne Reques	ted and S	chedule	of Work			
Start		End			Start			End		1
Date		Date			Time:				:	
(M/D/Y)		(M/D/Y)		(00:00-			(00:0	0-	1
					24:00)			24:00	0)	1
Provide Wor	k Schedule D	Detail as	require	d	Yes 🗌	No 🗆] (Sele	ct one	- "x")	
		ı	Excavat	ed Site Su	rface Mat	terial(s)	:			
			Mar	k all that d	apply with	ו "x" ו				
,	Asphalt			Cond	rete			(Other	
Curb			Curb			Turf				
Sidewalk			Sidewalk			Gravel				
Roadway			Roadway			Trench Width in metres ie3m,				
						1m				

	Traffic Information Mark all that apply with "x"	
Road Name and Direction (n/b, s/b, etc.) Use additional sheet if more than one road	Where on Roadway	Condition(s)
	Shoulder/Sidewalk/	Road Closure –
	Boulevard	Local Traffic
	Curb Lane	Road Closure – No Traffic
	Median Lane	Single Lane – Alternating Traffic
	Median	Lane Closure (Multi Lane Roadway)
	Intersection	Traffic Control Person(s)
	Rear Lane (Alley)	Detour
Attached Traffic Control Plan De (Select one "X") Yes No	tail is applicable upon request o	f the Project Manager
Locates are required, prior to exc Safe, Occupational Health and Sa Permit.	G.	Road Usage Permit and WCB/Work owill invalidate the Road Usage
	•	f Kelowna Traffic and Subdivision
Bylaws and agree to be bound by regulations to the University gove conditions, restrictions and regul	erning excavations in or under m	unicipal streets and to such special
Date of Application	Signature of Applicant	· •
(m/d/y)		

Approved Notes:	Resubmit
Notes:	Reasoning:



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Road Usage Permit Traffic Control Plan

Traffic Control Supervisor –	Work Zone Site Assessment
Site Assessment Considerations	
Road Geography: winding; straight; grade; etc.	
Road Type: No. of lanes in each direction of travel; divided; undivided; bicycle; sidewalk etc.	
Road Width: (traffic routing) lanes; bicycle; sidewalk; shoulder; etc.	
Sight Obstructions: trees; buildings; etc.	
Approaches: hills; curves; intersections; drive way access; etc.	
Work Zone Length: active length; total length	
Regulated Speed: 50 km/hr; 60 km/hr; etc.	
Traffic Types: Pedestrian; Cyclists; Local; Tourist;	
Commercial; Transit; Emergency; School; etc.	
Surrounding Land Use: Commercial; Industrial;	
Residential; Rural; etc.	
Procedural Considerations:	
Work on roadway: median lane; curb lane; bike lane	
Work off roadway : median; sidewalk; shoulder; etc.	
Work zone access/egress: Construction equipment count per hour	
Equipment Access: location	
Work zone equipment buffer to:	
pedestrians/cyclists/motorists – see MOT	
TCMWR: Yes or No "If no provide TCP"	
Stationary work zone	
Continuously moving work zone	
Site Equipment Activity: high or low	
Working at or in an intersection	

Working in or near a signalized intersection	
Hours of work: day/night	
Traffic control details when work ceases	
Emergency Vehicle Access	
Number of Traffic Control operations:	



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Road Usage Permit Traffic Plan Detail

	Traffic Flair De	can	
Spacing of devices			
Advanced warning area			
Transition area			
Buffer area			
Work area			
Termination area			
Delineation during off hours			
Sign transition			
Turning and/or removing signs			
Maintenance and replacement pl	an		
Traffic Control Persons:			
 Qualifications 			
o Hours of Work			
 Communications 			
o Relief			
 Site Instructions 			
Traffic Control Supervisors			
Other:			
Site Diagram – Show all factors af	fecting traffic control, tr	affic control devices, spacing, etc.	_
Traffic Control Plan Developed by	<u>.</u> !		
Site Meeting Attendance:			
Name	Agency	Signature	_
		J	
			_