

Street and Sidewalk Closure Permit Request

Infrastructure and Operations Department

2074 South Service Road West Swift Current, Saskatchewan S9H 5J6 Phone: 306-778-2748 Fax: 306-773-9386

Email: eng@swiftcurrent.ca

Submit to the Infrastructure & Operations department a minimum of 5 business days prior to the intended closure date.

Application Date:		City Project (If Applicable):		
Contact Informat				
Applicant Name:				
Phone:		Fax:		
24 Hour Emergency Phone:			En	nail:
Location, date an	d time, and traf	ffic contr	ol plan informati	on
I request approval to	o close (check all	that appl	y): Direction:	
\square Northbound	☐ Southbour	nd	\square Eastbound	\square Westbound
☐ Curb lane	☐ Right turn	lane	☐ Centre lane	☐ Left Turn Lane
☐ Sidewalk	☐ Full Closure		☐ Alley	
Road/Street Name:				
Location Description	n:			
Date & Time Information:		Dates:		to
		Hours:		to
Purpose:				
Is this an event closure?		☐ Yes	□ No	
Will this work require any repairs: Repair Request Form attached.		☐ Yes	☐ No If Yes, Plea	ase fill out the City Concrete/Asphalt

Traffic	Control Plan:						
a)) Swift Current Traffic Accommodation Manual Figure Number						
OF	R						
b)	 A sketch (attach separately) indicating signage, taper lengths, direction of traffic, work area, and north arrow. 						
Traffic	control persons (flag persons)	on duty? ☐ Yes ☐ No If yes, how r	many?				
		s responsibility to provide, install and required for the Traffic Control Plan.	maintain all necessary ☐ Yes ☐ No				
Appl	ication Checklist						
	•	, or expenses whatsoever or by whom: us this Road and Sidewalk Closure Per					
Date		Applicant Signature					
Offic	e Use Only PERMIT STATU	JS					
□ Imp	pact to Swift Transit	☐ Impact to Garbage Collection	☐ Emergency services				
☐ Sasl	katchewan Trucking Assos. (Truc	ck Route)					
□ Req	uest is denied for the following	reason(s):					
	uest is approved with the follow	ving change(s):					
□ Req	uest is approved as submitted						
		Approval Signature					