



# ROAD USAGE PERMIT APPLICATION

In-person applications only, at this address:

Community Services Building  
Attention: **Transportation Department**  
3001 32 Avenue, Vernon BC V1T 2L8  
(250) 550-3634 | [www.vernon.ca](http://www.vernon.ca)

**Payments will not be taken at the time of application submission.**

You will receive an email notification when the application is ready for payment.

<b>REQUIRED TO SUBMIT APPLICATION</b>		<b>OFFICE USE ONLY</b>
<ul style="list-style-type: none"><li>• Certificate of Insurance</li><li>• Traffic Control Plan</li><li>• Prime Contractor Form (<i>if 2+ companies on worksite</i>)</li><li>• WorkSafeBC Notice of Project (<i>if project meets criteria</i>)</li><li>• <b>Complete all required fields (*) on this application</b></li></ul>		Application Received Date: _____ Permit / Folder No: <b>MP</b> _____ Application Fee: \$200.00 Extension Fee: \$100.00
<b>APPLICANT CONTACT INFORMATION:</b>	<p>*First Name: _____ *Last Name: _____ *Phone Number: _____ *Email Address: _____</p>	
<b>BUSINESS MAILING ADDRESS:</b>	<p>Business Name _____ Unit # _____ *House # _____ *Street: _____ *City: _____ *Country: _____ *Province/State: _____ *Postal/ZIP Code: _____</p>	
<b>DESCRIPTION OF WORK:</b> <i>(nature of work)</i>	<p>*Street and Nearest Intersection(s) _____ Municipal Address: _____ *Work Area: _____  *Affected Lane(s) _____  *Traffic Impedance: _____  *Time of Work: Start Time: ____ : ____ AM/PM to End Time: ____ : ____ AM/PM *Reason / Work Description: _____  <i>(If there is more than one work location, please enter detailed information for each location. Provide all required information in this section, for each location, in the space provided at the end of this application.)</i></p>	
<b>DATES OF WORK:</b>	<p>*Start Date: ____ / ____ / ____ (MM / DD / YY) *End Date: ____ / ____ / ____ (MM / DD / YY)</p>	
<b>CITY OF VERNON PROJECT:</b>	<p>*Is this permit for a project initiated by the City of Vernon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then provide Project Number: _____ and Project Manager: _____</p>	

<b>PRIME CONTRACTOR:</b>	<p>If your project involves two or more employers working at the same work site, the City, as the owner of the right of way, requires the designation of a <b>Prime Contractor</b>. The applicant is responsible for reviewing applicable WorkSafeBC legislative requirements and determining whether the project meets the requirements for designating a Prime Contractor.</p> <p>*Does your project require the Designation of a Prime Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, ensure the form from here is complete and provided with this application:  <a href="https://www.vernon.ca/sites/default/files/docs/business/Procurement/appendix_4-designation_of_prime_contractor.pdf">https://www.vernon.ca/sites/default/files/docs/business/Procurement/appendix_4-designation_of_prime_contractor.pdf</a></p>
<b>NOTICE OF PROJECT:</b>	<p>For certain types of projects, a <b>Notice of Project (NOP)</b> must be submitted to WorkSafeBC. The applicant is responsible for reviewing WorkSafeBC guidelines and determining whether the project meets the requirements for an NOP.</p> <p>*Does your project require a Notice of Project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ensure you are adhering to the WorkSafeBC guidelines to determine if you need this:  <a href="https://www.worksafebc.com/en/for-employers/just-for-you/submit-notice-project/do-i-need-to-submit-a-notice-of-project">https://www.worksafebc.com/en/for-employers/just-for-you/submit-notice-project/do-i-need-to-submit-a-notice-of-project</a></p> <p>If you do require a Notice of Project, this is required before work begins. Provide a copy to attach to your permit.</p>
<b>APPLICANT SIGNATURE:</b>	<p>I hereby confirm that the information provided in this application is accurate and complete to the best of my knowledge. I acknowledge that I have read, understood, and agree to comply with all applicable WorkSafeBC legislative requirements relevant to this application.</p> <p><b>*SIGNATURE (Representative)</b> _____ <b>*PLEASE PRINT NAME (Representative)</b> _____</p>

**REV: December 2025**

Personal information is collected for the purposes of processing your road right of way usage permit application. The City of Vernon is collecting this information under s.26(c) of the Freedom of Information and Protection of Privacy Act. For any questions regarding the collection of personal information, please contact the FOI Clerk at [foirequest@vernon.ca](mailto:foirequest@vernon.ca) or 250-545-3491.

Only for additional work locations, please enter detailed information for each location below for: **DESCRIPTION OF WORK (pg1)**

<p>*Street and Nearest Intersection(s) _____</p> <p>Municipal Address: _____</p> <p>*Work Area: _____</p> <p>*Affected Lane(s) _____</p> <p>*Traffic Impedance: _____</p> <p>*Time of Work: Start Time: ____ : ____ AM / PM to End Time: ____ : ____ AM / PM</p> <p>*Reason / Work Description: _____</p>	<p>*Street and Nearest Intersection(s) _____</p> <p>Municipal Address: _____</p> <p>*Work Area: _____</p> <p>*Affected Lane(s) _____</p> <p>*Traffic Impedance: _____</p> <p>*Time of Work: Start Time: ____ : ____ AM / PM to End Time: ____ : ____ AM / PM</p> <p>*Reason / Work Description: _____</p>
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