

## ROAD/SIDEWALK CLOSURE PERMIT APPLICATION-2026

This form must be completed in its entirety. Applications must be **submitted 15 business days in advance for all City of Beaumont roads and/or sidewalks**. A **Traffic / Pedestrian Accommodation Plan** will be required for this application.

**All Applications require payment of Application Fee \$ 100.00 + GST \*\***

**Application Extension Fee \$ 50.00 + GST**

As per City of Beaumont Bylaw # 1093-25

\*\* Please note that fee waivers may be considered for non-profit or charitable group applicants.

**A "COB Receipt of Payment" must be included with this application.**

Fees can be paid at **City Hall Reception Counter at 5600 49 St, Beaumont**

or with a credit card via phone, contact 780.929.8782 ext 0

Hours: Monday to Friday 8:30am – 12:00pm and 1:00pm – 4:30pm (except Holidays)

<b>YOUR FILE #</b>		<b>APPLICATION #</b>	
		(CITY USE ONLY)	
<b>SECTION 1 – COMPANY INFORMATION</b>			
<b>Company Name:</b>			
<b>Applicant Name:</b>		<b>Applicant Phone:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Email Address:</b>			
<b>SECTION 2 – PROJECT INFORMATION</b>			
<b>Contractor:</b> (if different from Applicant)			
<b>Field Contact (24 Hour Emergency):</b>		<b>Phone Number:</b>	
<b>Email Address:</b>		<b>Cell Number:</b>	
<b>SECTION 3 - CLOSURE DETAILS</b>			
<b>Proposed Start Date:</b>		<b>Proposed End Date:</b>	
<b>Location from:</b>		<b>Location To:</b>	
<b>Infrastructure Affected:</b> <input type="checkbox"/> Road <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lane <input type="checkbox"/> Other			
<b>Reason /Details for Closure:</b>			

**Related ULA or Permit Number** (if applicable):

**Supporting Documents Included In This Application** (select the ones that apply) **Mandatory:**

- ☐ Road / Sidewalk Closure Plan      ☐ Site Plan
- ☐ Proof of Fee Payment
- ☐ Detour Plan (if applicable)
- ☐ Surface Restoration Plan
- ☐ Public / Business Notification Letter Draft
- ☐ Other (provide information) \_\_\_\_\_

#### **SECTION 4 - AUTHORIZATION**

I certify that the information given on this form is true and complete to the best of my knowledge and acknowledge my authorization of the information to be used for the purposes identified below.

**Signature:**

**Date:**

The personal information collected is authorized under Section 4(c) of the Protection of Privacy Act and is managed in accordance with the Act. It will be used to process your application and for administrative purposes directly related to the program or service for which you are applying. If you have questions about the collection or use of your personal information, please contact the Privacy Officer at 780-929-8782

**Approving Signature** (City Use Only):

**Approval Date** (City Use Only):

**City of Beaumont Approval Conditions** (City Use Only):