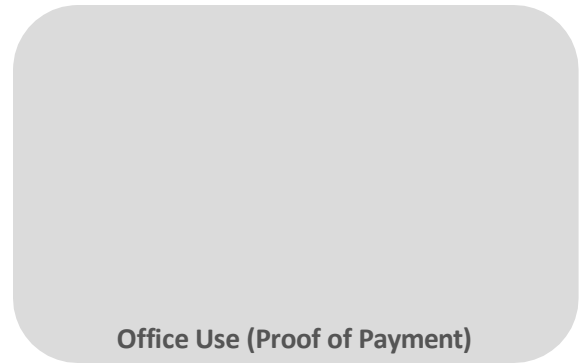




# Works on City Lands & Infrastructure

APPLICATION FORM



Office Use (Proof of Payment)

## Development Services

THIS IS AN APPLICATION FORM ONLY. NO WORK IS TO COMMENCE PRIOR TO RECEIPT OF APPROVED PERMIT.

Submit Print Reset

### Applicant Details – minimum 3 business days notice is required

Contractor Company		Name	Title	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Address		City	Province	Postal Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephonenumber		Fax number	Cell number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Email address				
<input type="text"/>				
Preferred contact method:	Phone <input type="checkbox"/>	Fax <input type="checkbox"/>	email <input type="checkbox"/>	Application Date
				<input type="text"/>
Applicant Name (Fill out if different from contractor)			Phone	
<input type="text"/>			<input type="text"/>	

### Description of Work

Please fill out the sections applicable to the permit requested. Only complete applications will be accepted.

Location of Proposed Work:

Describe Proposed Work:

**WORKS ON CITY LANDS (OR CITY INFRASTRUCTURE): Bylaw No. 3043**  **Design Drawing Attached**

Date(s) of Work

Time(s) of Work

From:  To:

From:  To:

**ROAD CLOSURE: Bylaw No. 3043**  **Traffic Management Plan Enclosed**

Date(s) of road closure

Time(s) of road closure

From:  To:

From:  To:

## Description of Work Continued

### SIDEWALK CLOSURE: Bylaw No. 3043

### Pedestrian Management Plan

Dates(s) of sidewalk closure:

From:  To:

Time(s) of sidewalk closure:

From:  To:

### FIRE HYDRANT USE: Bylaw No. 3216

Location on Hydrant:

Hydrant #

Purpose of water use:

Date(s) of water shut down:

From:  To:

Backflow prevention device:

Request to rent from the City of Campbell River

Provided by Contractor: Certification of testable double check valve backflow prevention device required (**Paperwork to be provided to the City of Campbell River**).

Additional fees apply to FH use:

\$20/day water use

\$100-hydrant servicing fee

\$50 for City BFP Rental

Serial #

### WATER SYSTEM SHUTDOWN : Bylaw No. 3216

Area affected by water shutdown:

List of hydrants which will be out of service:

Dates(s) Dates(s) of water shutdown::

From:  To:

Time(s) of water shutdown:

From:  To:

The permittee shall submit proof of insurance with minimum liability coverage of \$3,000,000 (three million dollars) naming the City of Campbell River as an additional insured party.

The expiry date on the insurance shall be clearly stated.

## PERMIT FEE: \$50.00

#### Office Use: Applicant to provide the following:

Water activation form:	<input type="checkbox"/> Provided	<input type="checkbox"/> N/A
Certificate of Insurance:	<input type="checkbox"/> Provided	<input type="checkbox"/> On File
Traffic Management Plan:	<input type="checkbox"/> Provided	<input type="checkbox"/> N/A
WorkSafe Clearance Letter:	<input type="checkbox"/> Provided	<input type="checkbox"/> N/A
Good Neighbour Letter:	<input type="checkbox"/> Provided	<input type="checkbox"/> Provided

#### Applicant to Notify:

99.7 the River  
 97.3 Eagle  
 Courier Islander  
 Mirror

N/A

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## CITY OF CAMPBELL RIVER

### PRIME CONTRACTOR AGREEMENT

1. The Contractor shall, for the purposes of the Workers Compensation Act, and for the duration of the Work of this Contract:
  - .1 be the "prime contractor" for the "Work site", and
  - .2 do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with the Act and its regulations, as required to ensure the health and safety of all persons at the "Work site".
- .2 The Contractor shall direct all Subcontractors, Sub-subcontractors, Other Contractors, employers, Workers and any other persons at the "Work site" on safety related matters, to the extent required to fulfill its "prime contractor" responsibilities pursuant to the Act, regardless of:
  - .1 whether or not any contractual relationship exists between the Contractor and any of these entities, and
  - .2 whether or not such entities have been specifically identified in this Contract.

As per the requirements of the Workers Compensation Act Part 3, Division 3, Section 118(1-3) which states:

Coordination of multiple-employer Workplaces

**118(1)** In this section:

**"multiple-employer Workplace"** means a Workplace where Workers of 2 or more employers are Working at the same time;

**"prime contractor"** means, in relation to a multiple-employer Workplace,

- (a) the directing contractor, employer or other person who enters into a written agreement with the owner of that Workplace to be the prime contractor for the purposes of this Part, or
- (b) if there is no agreement referred to in paragraph (a), the owner of the Workplace.

**(2)** The prime contractor of a multiple-employer Workplace must

- (a) ensure that the activities of employers, Workers and other persons at the Workplace relating to occupational health and safety are coordinated, and
- (b) do every thing that is reasonably practicable to establish and maintain a system or process that will ensure compliance with this Part and the regulation in respect to the Workplace.

**(3)** Each employer of Workers at a multiple-employer Workplace must give to the prime contractor the name of the person the employer has designated to supervise the employer's Workers at that Workplace.

The Contractor covenants and agrees that when performing any work for the Owner, whether directly as a contractor or indirectly as a sub-contractor, it will adhere to all of the requirements of the B.C.

Employment Standards Act (RSBC 1996), as may be amended from time to time, that are applicable to the work being performed, including but not limited to:

- 1) Section 36 (2); an employer must ensure that each employee has at least 8 consecutive hours free from work between each shift worked.
- 2) Section 39; despite any provision of this Part, an employer must not require or directly or

indirectly allow an employee to work excessive hours or hours detrimental to the employee's health or safety.

I fully understand and accept the responsibilities of the prime contractor designation in accordance with the Workers Compensation Act and the B.C. Employment Standards Act while contracted by

**Name of contractor:** \_\_\_\_\_ on

**Project location:** \_\_\_\_\_ and will abide by all Workers

Compensation Board Regulation requirements.

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_  
*(Please print name of Contractor)*

\_\_\_\_\_  
*(Contractor's Signature)*

Signed: \_\_\_\_\_  
*(Please print name of Contractor's Agent)*

\_\_\_\_\_  
*(Agent Signature)*

Witness: \_\_\_\_\_

Date: \_\_\_\_\_