Lane Closure

Traffic Impact Request

Application must be submitted by email to permits@yvr.ca a minimum of 5 business days prior to requested closure.

Guidelines for submission for a request for Traffic Impact Approval

Why Do You Need an Approved Traffic Impact Request Form?

An approval of the traffic impact Request form ensures that your planned work, such as construction, utility repairs, or maintenance, is carried out safely, with minimal disruption to traffic or airport operations.
Our step-by-step guide will help you navigate the process of applying for an **approval** efficiently.

You should determine whether there are additional approvals required.

- If you are making alterations to the facility a Facility Permit may be required from YVR,
- if you are doing excavations, and excavation permit would be required.
- If you are working near the Canada Line (generally within 10m of the structure) approval from Translink will be required,
- if you are operating a crane or other vehicle equipment that would be above normal vehicle height an Airport Zoning Assessment may be required
- Any requested staging areas or impacts on operations should be requested separately.

Steps to Submit a Traffic Impact Request Form

1. **Prepare the Required Documentation**
    - Download and complete the application form. Permits | YVR
    - Ensure you are using a qualified Traffic Control person
    - Ensure the Traffic Control Plan meets the requirements of the most current Traffic Management Manual for Work on Roads and contains a detailed plan showing how traffic will be managed during the closure.
    - Include Site Maps & Drawings showing clear documentation of the area affected by the closure and how traffic will be managed.
    - Include on-site contact information or day of operation.
2. **Submit Your Application**
    - Ensure your application is submitted to permits@yvr.ca within the 5 business days required for review and approval.
    - Currently no fees are required.
3. **Follow Up & Communication**
    - Stay in touch with the issuing authority. Some permits may require revisions to your traffic control plan or additional documentation. Approval will be issued upon completion of the review.

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Application Date: APPLICANT:

PHONE #: EMAIL:

Purpose *(Please provide a description of the work that is being done and indicate whether this is a full closure intermittent closure or rolling closure)* :

LOCATION:

Street: **Direction:**

☐ At ☐ North ☐ South ☐ East ☐ West of (cross street)

Impact

Closure:

☐ Partial- ☐ of ☐ lanes ☐ Full closure with Detour ☐ providing temporary lanes

Other traffic impact *(include information on impact to traffic signals, intersection operation, bicycle lanes, pedestrian sidewalks or crosswalks, bus stops)*:

DELAY TYPE:

☐ Single Lane Alternating ☐ Single Lane ☐ Shoulder

DURATION:

Beginning hours (dd/mm/yyyy) Ending at hours (dd/mm/yyyy)

Dates: Starting (dd/mm/yyyy) Ending (dd/mm/yyyy)

If work is flexible or weather dependent provide an alternate date/range/hours

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NOTE: Arterial and collector classed roads are subject to restriction

TRAFFIC CONTROL PLAN (as per the most current version of Traffic Management Manual for Work on Roadways) :

☐ Traffic Control Diagram included

Contacts (provide name, email and phone number):

YVR contact:

Day-of contact:

Attach a separate document if necessary to provide a description of the activities, a map, or other documents to support the request.