



Resort Municipality of Whistler  
 4325 Blackcomb Way  
 Whistler, BC V8E 0X6  
 604-935-8190 [engineers@whistler.ca](mailto:engineers@whistler.ca)

# Special Events Road Use / Closure Application

*(Incomplete applications will not be accepted)*

*(See Requirements on Page 2)*

This application is processed in accordance with the Resort Municipality of Whistler Bylaw No. 1548, 2001 pursuant to Sections 38 and 154 of the Community Charter. This application must be approved prior to the Special Events Road Use/ Closure going into effect.

Name of Special Event:	
Type of Event:	Date(s)
Organization:	
Applicant Name:	
Address:	
Phone No.	Fax No.
Emergency Contact No. (Cell Phone)	Email:
Proof of \$ 5,000,000.00 liability insurance, copy attached, naming the Resort Municipality of Whistler additional insured	

A DETAILED MAP OR SITE PLAN MUST BE INCLUDED WITH THIS APPLICATION DETAILING: Road closure areas, routing, start/finish areas and traffic control. To print and view maps please visit our GIS site at [www.whistler.ca](http://www.whistler.ca)

Closure of Street required:

- ☐ Yes  
☐ No

Location/Routing Description:

Does this event involve the portion of the road within the Whistler Health Clinic Heli Pad Flight Path? If yes, early discussions are required to take place to ensure event does not impact Vancouver Coastal Health (VCH) Heli Pad Operations.

- ☐ Yes  
☐ No  
☐ Do not know

Expected Attendance Numbers:

(Participants & Spectators)

EVENT SCHEDULE:

Set- Up Dates & Times:

Break-Down Dates & Times:
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## Special Events Road Use/Closure Requirements:

1. Map attached must include:

- ☐ Event Route (direction of travel)
- ☐ Detour for traffic as applicable
- ☐ Indicate major intersections, streets and railroad crossings
- ☐ Indicate Transit Bus route conflicts

2. If you are planning to control traffic in any manner on a public Road you must use certified Traffic Control Personnel. You will need to submit a Traffic Control Plan that includes:

- ☐ Location of Traffic Control Persons during the event and their affiliation
- ☐ Location of all signs, traffic cones, barricades and other traffic control devices
- ☐ Name and cell phone number for the person who will be responsible for compliance of Traffic Control Plan
- ☐ Emergency vehicle access route for any proposed road closure (6.0 m wide traffic aisle)

I/We hereby agree to comply with the requirements and responsibilities as detailed in this application and any other condition which may be required by the Municipal Engineer.

Signature of Applicant

Date:

Print name

FOR OFFICE USE ONLY
Permit No. 20__ - ____
<div style="display: flex; justify-content: space-between;"> <div>Approved by:</div> <div>Date:</div> </div>
<div>Print name</div>
<div>Comments/Special Conditions</div>

If you have any questions, please call Development Services at 604-935-8190 Or email <a href="mailto:engineers@whistler.ca">engineers@whistler.ca</a>
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