



City of Richmond

Lane Closure Request

Traffic Operations Section
6911 No. 3 Road, Richmond, BC V6Y 2C1

richmond.ca

Contact: 604-204-8707

Please submit by email to TrafOps@richmond.ca a minimum of five (5) business days (Mon–Fri) in advance.

Please check boxes and fill in blanks.

Fee: \$115.00

LANE

Closure: ☐ Scheduled ☐ Emergency

Direction Bound: ☐ North ☐ South ☐ East ☐ West

DELAYS

Delay Length (Minutes): ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 or _____

Delay Type: ☐ Single Lane Alternating ☐ Single Lane ☐ Shoulder
☐ Shadow Vehicle ☐ Pilot Car Controlled
☐ Full Road/Back Lane Closure

LOCATION

Street: _____

☐ at ☐ North ☐ South ☐ East ☐ West of _____
Cross Street

DURATION

Duration: Beginning at _____ Hours Ending at _____ Hours

Dates: Starting _____ Ending _____
yyyy/mm/dd yyyy/mm/dd

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

***Note:** Arterial and collector classed roads are subject to time restrictions. Public notification required one (1) week prior for any full road/back lane closures.*

DESCRIPTION OF WORK TO BE DONE

☐ Sketch attached

SUBMITTED BY

Name: _____ **Title/Organization:** _____

Phone Numbers: _____
Work Cell After Hours