



Land Development Division
DESIGNATION OF PRIME CONTRACTOR
For City Road and Right-of-Way Use
Permits

Site Location: _____ **Permit Number:** _____

Owner Information

Owner: _____

Address: _____

Prime Contractor Information – To be filled out by the Contractor completing the work

Company Name of Prime Contractor: _____

Address: _____

24 hr Phone: _____ Email: _____

WorksafeBC Account Number: _____

Site Superintendent, Name and Phone #: _____

Traffic Control Manager, Name and Phone #: _____

Traffic Control Figure (Local Roads Only): _____

Prime Contractor’s Declaration as per Workers’ Compensation Act

I/we acknowledge, in accordance with the Workers Compensation Act, R.S.B.C. 2019, Chapter 1, Part 2, Division 4, Section 24 and 25 that I/we are the “Prime Contractor” and are qualified to act as the “Prime Contractor”. I/we accept the duties and responsibilities for coordination of health and safety in accordance with the Workers Compensation Act and further that I/we will do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with the Workers Compensation Act and the Occupational Health and Safety Regulation. The prime contractor shall appoint a qualified contractor for the purpose of ensuring the coordination of health and safety activities for the workplace. Prior to commencement the contractor shall file a “Notice of Project” with WorkSafe BC and shall provide a copy of the same to the City confirming that the contractor shall be the prime contractor responsible for coordination of Health and Safety under Part 1 and 2 of the Workers Compensation act and Part 20 of the WorkSafe BC Occupational Health and Safety Regulations.

 Prime Contractor’s Representative

 Owner/Applicant’s Signature

 Print Name

 Print Name

Date: _____

Date: _____