

All Requests Require a Minimum of 3 Business Days to Process

Attach an aerial map showing the location and size of the required work zone

CLOSURE REQUEST INFORMATION				
Project Name				
Type of Work				
Contractor				
Full Legal Business Name & Billing Address (confirmation of payment)				
Type of Closure (sidewalk, curb/median lane, intersection, full)				
Direction (northbound, southbound)				
Street Address				
From Address/Street		Includes Intersection <input type="checkbox"/> Yes <input type="checkbox"/> No	To Address/Street	Includes Intersection <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date			Start Time	
Duration (Days/Hours)				
Contacts				
	Name	Email Address		Phone No.
City Inspector				
Site Supervisor cell number required				
Project Manager				
Other				

Please contact rowpermits@saskatoon.ca to obtain or update your ROW Permit

Please contact truck.permits@saskatoon.ca to obtain a permit for unlicensed vehicles

Please contact 306-975-2454 for any other information