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| **Section 1 - Applicant (Owner or Occupier)**  |
| Mr Mrs Ms | First name |  | Surname |  |
| Address: …………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….………………………………………………………………………..Post Code:………………………………… Tel No:………………………………Fax No:………………………..E mail……………………………………. Address of relevant property *(if different from above)*………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………..6 Figure Grid Reference:………………………………………………………………………………………… |
| **I/We hereby apply for permission to:** (please tick) |
| Deposit material on the highway |  | Temporarily use an area of the highway |  |
| Build over the highway\* |  |  |  |
| **\* If building over the highway you will need to provide a copy of the planning approval.** **If you are planning to excavate in the public highway (road, pavement or verge) please contact the Highway Coordination Team for further guidance telephone:**  |
| **Reason** |
| Brief description of proposed works (e.g. house renovation)Explanation of why the material/temporary use of the highway is required (e.g. no physical space on private property)Dates: From: To:  |
|  **Payment** |
| I enclose my cheque made payable to Warwickshire County Council, towards the County Council’s Administration costs in processing this application. This fee is non-refundable. If a site inspection is required, please provide the relevant payment.Payment enclosed:  |
| **Declaration by Applicant** |
| I am the owner/occupier\* of the above property, if this application is approved I will abide by the conditions and requirements of the County Council for the approved activity and will not commence works until I have received a letter of consent indicating the earliest start date for construction.Signed:……………………………………………...Date:…………………………………………..Name………………………………………………………….*\*Please delete as appropriate* |
| **Section 2 - Sketch plan of location with dimensions and proposed use:** |
| **Note:** You may attach a copy of the sketch plan approved by the planning office |

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| **Section 3 - Contractors details**  |
| Company Name:……………………………………………………………………………………..Address:……………………………………………………………………………………………….Office Tel No:………………………………………. Fax Number:……………………………24hr Emergency Contact Telephone Number: ……………………………………………………Email:………………………………………………………………………………………………Public Liability Insurance Cert No…………………………………………………….. |
| **Accredited personnel**  |
| Name of trained Operative …………………………………Card No………………………………………(*must be on site at all times*) (attach copy)Name of trained Supervisor ………………………………..Card No…………………………………….(*must be available if required*) (attach copy) |
| **Public Liability Insurance** |
| Certificate No…………………………………Copy attached  |

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| **Traffic management arrangements** |
| Please indicate the method of traffic management that will be used, VehiclesGive and take Stop/Go boards Portable Traffic Signals Road Closure\* How will pedestrians be catered for?………………………………………………………………………………………….*…………………………………………………………………………………………..**\*Note: a separate application is required at least 12 weeks in advance* |
| **Programme** |
| Please indicate the proposed start date………………………….completion date………………………….. |

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| **Declaration by Contractor** |
| I declare that the authorised activity will be undertaken in accordance with the specification, conditions and traffic management plan by qualified operatives. Any road closure application has been applied for separately. I understand that I am responsible for signing and guarding and maintenance of the site in accordance with Chapter 8 and the Code of Practice for Safety at Street Works and Road Works for 24 hours a day. I declare that my public liability insurance is current and operatives erecting any traffic management are Chapter 8 accredited. I have read and understood the Conditions and Guidance Notes provided to me and will adhere to all responsibilities, conditions and duties required by Warwickshire County Council.Signed……………………………………………..Date……………………………………………Name……………………………………………….Position……………………………………… |

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| **APPROVAL/REFUSAL** (To be completed by Warwickshire County Council staff only) |
| This application is approved/refused for the following reason(s):Signed………………………………….Name……………………………….. |
| Earliest Start date:……………………………………………………………………………………….(Date to be entered by WCC staff following coordination checks) |
| Site inspection in advance of works: Name……………………………..Date……………………….. |
| Comments/Conditions: (Record obvious defects to highway with photographs) |
| Site inspection following completion: Name…………………………………Date………………………. |
| Comments: (e.g. Remedial works required) |

**The information which you provide on this form will be held by Warwickshire County Council.  This information will be used for the purpose(s) of administering your request for a Section 171. We intend to keep the information which you provide for 6 years. This information will be held securely and will not be disclosed to anyone without your permission.  The information which you provide will be destroyed in a secure manner when the retention period has expired.   Information about how the Council will protect your privacy is available at** [**www.warwickshire.gov.uk/privacy**](http://www.warwickshire.gov.uk/privacy)**.**

**Please check the box to confirm you have read and agree to the data protection statement above.**