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| Image result for warwickshire county council logo**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)*  ………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………..  X & Y Coordinates:………………………………………………………………………………………… | | | | | | | |
| **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* | | | | | | | |

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| **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 of a minimum value of £10 million** |
| Certificate No…………………………………Copy attached |

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| **Traffic management arrangements** |
| Please indicate the method of traffic management that will be used,  Vehicles  Give 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……………………………………… |

**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.**