



**HIGHWAYS ACT 1980: Section 139
ROAD TRAFFIC REGULATION ACT 1984: Section 65**

**APPLICATION FOR PERMISSION TO PLACE A BUILDERS SKIP ON A
HIGHWAY**

This application must be completed and returned to the relevant address **NO LESS THAN 3 WORKING DAYS** before it is intended to place the skip:

A non-refundable payment for £61 (if less than 3 working days notice the charge is £71) should be submitted with this application, unless your Company has been approved for a monthly account.

The skip must not be placed until written permission has been received. Failure to observe this statutory requirement is an offence and a charge of £200 for an illegal skip will be made.

A permit will only be issued to the owner of the skip. Applications from users will be accepted provided that the skip owner is clearly identified and the owner indemnifies Warwickshire County Council and meets with its insurance requirement as set out below.

1.	SKIP OWNER DETAILS Name & Address	....................
	Email Address	.....
	Company Secretary	.....
		.....Telephone.....
2.	CLIENT / CONTRACTOR DETAILS Name & Address	...............
		.....Telephone.....
3.	LOCATION OF SKIP (Address or precise description of where skip will be placed - attach sketch plan if necessary)	..... ..... ..... .....
4.	ADDRESS OF WORKS (if different to address' detailed above)	..... ..... .....
5.	NUMBER OF SKIPS to be placed at any one time	.....
6.	SIZE OF SKIP to be placed	.....
7.	PERIOD REQUIRED (Not exceeding one month)	From.....To.....
8.	STATE WHY THE SKIP CANNOT BE PLACED OFF THE HIGHWAY	...............

DECLARATION

I agree as owner of the skip as detailed in Section 1 that it is my responsibility to Light and Guard the skip being applied for in this application as per the standard conditions.

I agree to comply with the all conditions of any permission granted; to indemnify Warwickshire County Council against any and all actions arising or accruing from the placing, use and removal of a builders' skip; and to pay any expenses the Council may incur in respect of repairs to the highway and any apparatus in or on the highway arising from the placing, use or removal of a builders' skip. I shall maintain in force for the period the skip is in place, Public Liability insurance cover of not less than £5,000,000 and shall produce evidence that such insurance is in force on being requested to do so by the Council.

Signed.....Date.....

Company Name.....

Permission GRANTED/REFUSED: From.....To.....Permit No:.....

PLEASE RETURN THIS FORM TO:-

(Stratford on Avon & Warwick Districts)

County Highways
South Area Office
Old Budbrooke Road
Warwick
CV35 7DP
Email: chsouth@warwickshire.gov.uk
Tel: 01926 412515

(North Warwickshire, Nuneaton &

Bedworth, Rugby Boroughs)
County Highways
North Area Office
Coleshill Heath Road
Coleshill
B46 3HL Email:
chnorth@warwickshire.gov.uk
Tel: 01926 412515