### For Consent to Deposit Material On, Or Temporarily Use An Area of the Public Highway. HIGHWAYS ACT 1980, SECTION 171



Please allow 20 days' notice for applications which are 1-10 days' work (Standard). Minimum 3 months' notice for applications which are 11+ days' work (major). A licence costs £286. If you make the request with fewer than 20 days' notice, we may still grant the licence but an additional fee of £100 will be charged. However less than 20 days' notice can only be accepted for genuine emergencies which endanger life or is a risk to property.

Section 1 - A	pplicant (Owr	ner or Occupier)				
Mr Mrs Ms	First name		Surname			
Address:						
			Pos	t Code:	••••••	
Tel No:E mailE mail						
Address of relevant property (if different from above)						
		nission to: (please tick)				
Deposit mater	ial on the		Temporarily			
highway			area of the h	gnway		
Build over the						
* 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		realition faither galat		10.		
	on of proposed	d works (e.g. house rend	ovation)			
Explanation of why the material/temporary use of the highway is required (e.g. no physical space on private property)						
Dates: From	n:	То:				
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 encl	osed:					
Declaration b	y 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	s 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 Incurance Cort No.						
Public Liability Insurance Cert No						
Name of trained Operative						
(must be on site at all times) (attach copy)						
Name of trained SupervisorCard No						
(must be available if required) (attach copy)						
Public Liability Insurance						
Certificate NoCopy attached						
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.

**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.....Date.....

Comments/Conditions: (Record obvious defects to highway with photographs)

Site inspection following completion: Name......Date.....Date.....

Comments: (e.g. Remedial works required)

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#### DEP1

### **APPLICATION FORM**

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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 <a href="https://www.warwickshire.gov.uk/privacy">www.warwickshire.gov.uk/privacy</a>.

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