# Application form to occupy the road in connection with building work

Use this form for cranes, building materials, hoarding and fencing, mobile elevating platforms, scaffolding, truck mounted cranes, welfare cabins and huts.

Before completing, please read carefully the regulations that accompany this form.

**Note, we need a site location plan showing the location of the apparatus in relation to the property before we can start processing your application.**

Allow five working days for us to process your application. We will not begin to process your application until we have received all the relevant information.

In some circumstances it may be necessary for us to turn down applications because the proposed site is considered to be potentially hazardous. In these cases, the fee remains non-refundable.

## Applicant details

|  |
| --- |
| First name: |
| Family name: |
| E-mail address: |
| Telephone number(s): |
| Business name: |
| Business Address: |
| Your position in the business: |
| Is this business the owner of the item occupying the highway? If not, please provide contact details for the owner: |

## Location of the site to be occupied

Check the terms & conditions before completing this section.

|  |
| --- |
| Building or site address: |

Please indicate below where the item is to be placed:

|  |  |
| --- | --- |
| Footway: | Carriageway: |
| Verge: | Parking Bay: |
| Other - please specify: |
| Please describe the exact location of the site to be occupied. (A rough site location plan showing the location of the apparatus in relation to the property is also required to be submitted.)  |

## Building work being undertaken

Nature of the building work to be undertaken (please check all that apply)

|  |  |
| --- | --- |
| Construction: | Repair/maintenance: |
| Demolition: | Alteration: |
| Cleaning: | Inspection & access only: |
| Other - please provide details: |
| Provide details of the work being undertaken and reason the road/highway needs to be occupied: |

## Nature of occupation

Indicate what you propose to place on/over the road/highway (check all that apply)

|  |  |
| --- | --- |
| Building Materials: | Crane: |
| Hoarding or fencing: | Mobile elevating platform or truck mounted crane: |
| Scaffolding or staging: | Storage container: |
| Welfare cabin or hut: |  |
| Other - please provide details:  |

Width of the road/highway where the structure/obstruction is to be placed (in metres)

|  |  |  |
| --- | --- | --- |
| Carriageway: | Footway: | Verge: |

Dimensions of proposed structure/obstruction (in metres)

|  |  |  |
| --- | --- | --- |
| Length: | Width: | Height: |

Period required (dd/mm/yyyy):

|  |  |
| --- | --- |
| Start date: | End date: |

## Traffic control

What form of traffic control do you intend to use?

|  |  |
| --- | --- |
| No traffic control necessary: | Give and take: |
| Stop/Go boards\*: | Temporary traffic signals\*: |
| Priority flow:  | Road closure\*: |

\* N.B. A separate application will be required for stop/go boards, temporary traffic signals or road closure

## Emergency contact details

|  |
| --- |
| Contact name: |
| Company/organisation: |
| 24 Hour emergency telephone number: |

## Insurance

You must have a suitable level of public liability insurance to cover this activity. The minimum required is £10m. Please provide details of your policy.

|  |
| --- |
| Name on policy: |
| Insurance company: |
| Policy number: |
| Period of cover (end date): |
| Amount of cover (£m): |

## Additional Information

Provide any additional information which is required or relevant to your application. Please check the terms & conditions.

|  |
| --- |
|  |

## Payment

### **The payment is for a potential maximum 6-month period and the permission is given for a month, for which you must re-apply monthly.**

* Please indicate if this is a standard application or a retrospective application.

### **Please pay online quoting site address and reference number. Please wait until you receive this information from us before you try to pay.**

## Declaration

Please read the terms & conditions before signing this application.

I have read and agree to the conditions listed in South Gloucestershire Council's Terms & Conditions, and will not place the skip(s) until permission is given. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Signed: | Print Full Name: |
| Position: | Date (dd/mm/yyyy): |

## Contact us

Please return this paperwork by email to: TechSupportStreetcareBMR@southglos.gov.uk

### Or by post to the following address:

|  |  |
| --- | --- |
| **South Gloucestershire CouncilDepartment for Place**StreetcarePO Box 1954BristolBS37 0DD | T: + 44 (0)1454 865859W: [www.southglos.gov.uk](http://www.southglos.gov.uk/)  |