# Application form to place a skip on the highway

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

**Note, we need a site location plan showing the location of skip 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

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| --- |
| 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 skip? If not, please provide contact details for the skip owner: |

## Details of Skips

Check the terms & conditions before completing this section.

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| --- |
| Address where the skip is required: |

Location where the skip is to be placed:

|  |  |
| --- | --- |
| Footway: | Carriageway: |
| Verge: | Parking Bay: |
| Other - please specify: |
| Please provide details e.g., description of exact location, type of parking bay etc. (A rough site location plan showing the location of skip in relation to the property is also required to be submitted.)  |

|  |  |
| --- | --- |
| Number of skips at this location: | Size of each skip: |

Period required (dd/mm/yyyy):

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

## 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.

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| 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.

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## 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/)  |