

NOTICE OF WORKS

Part N

TO DEVON COUNTY COUNCIL	PURPOSE	Initial Notice	Follow up Notice
	Reference No.		

FROM COMPANY <input style="width:250px;" type="text"/> CONTACT NAME <input style="width:220px;" type="text"/> 24 HR CONTACT NUMBER <input style="width:160px;" type="text"/>	DATE OF ISSUE <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
	EXPECTED START DATE <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
	EXPECTED COMPLETION DATE <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>

TYPES OF WORKS

	MAJOR 10 working days duration) (>	STANDARD (≥4 ≤10 working days duration)	MINOR (≤ 3 working days duration)	IMMEDIATE / EMERGENCY	
	Confirm Start Date	Notice	Notice	Notice	
NOTICE PERIOD	3 Months <input type="checkbox"/>	10 Days <input type="checkbox"/>	10 Days <input type="checkbox"/>	3 Days <input type="checkbox"/>	2 hours after <input type="checkbox"/>

TRAFFIC MANAGEMENT

ROAD CLOSURE <input type="checkbox"/>	TEMPORARY TRAFFIC LIGHTS <input type="checkbox"/>	STOP/GO BOARDS <input type="checkbox"/>	OTHER <input type="checkbox"/> (Please state Below)
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Other -----

LOCATION

Description Or House Name Or Number -----

Street Name -----

Locality -----

Town -----

Road Category (if Known) (ie A386 / B3052) -----

Postcode National Grid Ref.

Description of Works (incl. Construction Methods - If Known)
Comments (Traffic Management Or Other)