

**New Roads and Street Works Act 1991**

**Application Form for the use of Portable Traffic Signals  
Issue 1 Approved by SWHAUC 26/10/2000**

<b>To:</b> Devon County Council  ☎: 01392 382 085 📠: 01392 382 745 Email: <a href="mailto:tmunit@devon.gov.uk">tmunit@devon.gov.uk</a>  Please advise about pedestrian crossings and permanent lights	<b>From:</b> Name: Organisation: Address:  Post Code: Tel:  Fax:  Works Ref:
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*LOCATION DETAILS*

<b>Road Number:</b>	A	B	C	Unclassified:					
<b>Location</b> of works:									
O/S Grid Ref:	EASTING:	NORTHING:	USRN:						
Does site contain a <b>Junction</b> ?			EST. Site length ( <i>metres</i> ):						
<b>Nature of Work:</b>									
Are the works in the vicinity of any <b>Permanent Signals</b> or <b>Pedestrian Crossing</b> ?									
Work Type:	<b>Emergency</b>	N	Y	<b>Urgent</b>	N	Y	<b>Planned</b>	N	Y
<b>Start Date:</b>					<b>Finish Date:</b>				
<b>Duration</b> (in days only):									

*TIMING OF TRAFFIC LIGHT USE - TICK BOX OR ENTER DETAILS*

24 Hours – <b>Weekdays only</b>		24 Hours – <b>Weekends included</b>	
Working day <b>09:30-15:30</b>		Restricted Hours <b>Before 9:00-17:30</b>	
Night Time <b>19:00-07:00</b>		Other	

*SIGNAL DETAILS - CIRCLE DETAILS*

**NB** IF more than 2 heads - **ALL** the following details **must** be provided

<b>Number of Heads</b>	2	3	4	See Notes on Portable Traffic Signals
<b>Included</b> in this application are :	<b>4 Site Plans 1:1250</b>		YES	NO
<b>Showing:</b>				
<b>Head/Controller Positions</b>	YES		<b>Stage Diagram Details</b>	YES
<b>Proposed Timings</b>	YES		<b>Crown Label Details</b>	YES
<b>Stop and Go boards on site.</b>				YES

**\*\* EMERGENCY/OUT OF HOURS CONTACT - FOR TRAFFIC MANAGEMENT \*\***

<b>Name:</b>	<b>Organisation:</b>	<b>Tel:</b>
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*DECLARATION*

I have completed ALL the above sections, have read and understood the Notes on Portable Traffic Signals and have provided any additional information as required. I understand that incomplete Applications will be refused and will notify the Street Authority if any change is made to the date or time given on this Application.		
Name:	Signature:	Date:

*STREET AUTHORITY*

Comments:		
Name:	Signature:	Date: