

# APPLICATION FORM



## Highways Act 1980, Sections 171 and 184 Construction of a Vehicle Crossing of a Footway or Verge

Please read guidance notes before completing this form  
Please allow 28 days for processing this application

Section 1 - Applicant (Owner or Occupier)			
Mr Mrs Ms	First name		Surname
Address: .....			
.....			
.....Post Code:.....			
Tel No:.....Fax No:.....E mail.....			
Address of property where crossing to be constructed (if different from above)			
.....			
.....			
6 Figure Grid Reference:.....			
Planning permission			
I have planning permission for the vehicle crossing and enclose a copy of the approval and location plan. (There is no need to complete Section 2).*			
I do not need planning permission for the verge crossing and enclose written confirmation from the District/City* Council to that effect and have completed Section 2.*			
*Please delete as appropriate			
Note: The application will not be processed without evidence of planning approval or that planning approval is not required			
Who will construct the crossing?			
*I will employ my own contractor, and have completed Section 3.			
*I request that DCC undertakes the work on my behalf (there is no need to complete Section 3) and a full quotation will be provided within 6 weeks.			
*Please delete as appropriate			
Payment			
I enclose my cheque for £90, made payable to Devon County Council, towards the County Council's Administration costs in processing this application. This fee is non-refundable. Where the applicant employs their own contractor a further fee of £110 is chargeable for additional inspections.			
Payment enclosed: £90 <input type="checkbox"/> £200 <input type="checkbox"/>			
Declaration by 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 construction of the vehicle crossing 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 appropriate			
APPROVAL/REFUSAL			
This application is approved/refused for the following reason(s):			
Signed.....Name.....on behalf of Area Engineer			

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**Section 2 - Sketch plan of location with dimensions and proposed type of surface:**  
 (To be provided where planning permission is not required)

**Note:** You may attach a copy of the sketch plan approved by the planning office

<b>Checklist</b>	√
Has Section 1 and 2 of the form been completed in full?	
Has the cheque been included for £90 made payable to Devon County Council?	
Have you included a copy of the planning permission or a letter showing no permission is needed from the District Council?	
Have you signed the form?	

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<b>Section 3 - Contractors details</b> (To be completed only if you wish to use your own contractor)
Company Name:.....
Address:.....
Office Tel No:..... Fax Number:.....
24hr Emergency Contact Telephone Number: .....
Email:.....
Public Liability Insurance Cert No.....
<b>Accredited personnel</b>
Name of trained Operative ..... <i>(must be on site at all times)</i>
Name of trained Supervisor ..... <i>(must be available if required)</i>
<b>Utility Apparatus</b>
Please indicate which Utilities you have contacted and provide copies of the correspondence and plans provided. .....

<b>Traffic management arrangements</b>								
Please indicate the method of traffic management that will be used,  <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Vehicles</td> <td style="width: 25%;">Stop/Go boards</td> <td style="width: 25%;">Portable Traffic Signals*</td> <td style="width: 25%;">Road Closure**</td> </tr> <tr> <td>Give and take</td> <td></td> <td></td> <td></td> </tr> </table> How will pedestrians be catered for? ..... ..... <i>*Note: a separate application is required at least 10 days in advance</i> <i>**Note: a separate application is required at least 8 weeks in advance</i>	Vehicles	Stop/Go boards	Portable Traffic Signals*	Road Closure**	Give and take			
Vehicles	Stop/Go boards	Portable Traffic Signals*	Road Closure**					
Give and take								

<b>Programme</b>
When you receive approval to use your preferred contractor, you will be given an earliest start date.

<b>Declaration by Contractor</b>
I declare that the vehicle crossing will be constructed in accordance with the specification and traffic management plan by qualified operatives. Any temporary traffic lights or road closures have been applied for separately. I have made arrangements with the Utility Companies to undertake any adjustments necessary to their apparatus to construct the vehicle crossing. 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 Devon County Council.
Signed.....Date.....
Name.....Position.....

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Checklist	√
Has Section 1, 2 and 3 been completed?	
Has the cheque been included for £200 made payable to Devon County Council?	
Have you included a copy of the planning permission or a letter showing no permission is needed from the District Council?	
Have you included details of the Utility Apparatus affected by the vehicle crossing?	
Have you provided details of the contractor?	
Have you enclosed the public liability for the contractor?	
Have you provided details of the contractors Operative and Supervisor (Excavation in the Highway, Signing Lighting & Guarding)?	
Have you signed the application form?	

#### APPROVAL/REFUSAL (To be completed by Devon County Council staff only)

This application is approved/refused for the following reason(s):

Signed.....Name.....on behalf of Area Engineer

Earliest Start date:.....  
(Date to be entered by DCC staff following coordination checks)

Site inspection during construction: Name.....Date.....

Comments:

Site inspection after 20 months: Name.....Date.....

Comments: (e.g. Remedial works required)