

Application for Temporary or Partial Road Closure Including Road Related Areas

A1. Applicant Details

Title*	Given Names*	Family Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company/ Organisation Name *	<input type="text"/>	ABN * <input type="text"/>
Position	<input type="text"/>	
Address*	<input type="text"/>	
Postal Address	<input type="text"/>	
Telephone	<input type="text"/>	Mobile <input type="text"/>
Facsimile	<input type="text"/>	Email <input type="text"/>

A2. Construction Contact Details

Site Manager

Name*	<input type="text"/>
Email Address*	<input type="text"/>
Mobile Number*	<input type="text"/>

A3. Attachments

Public Liability Insurance Policy:

Copy of policy attached

Location Site Map(s)

Copies of detailed location site map(s) attached

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A4. Location Details

For multiple, complex activities, or where there is insufficient space, please attach a separate document listing each location's details based on the format below.

Date (include proposed date and tentative 'backup'/wet weather dates)

Proposed Location (include street specific details, all locations utilized and attach site map)

Description of Activities (exact details of what will be undertaken at the proposed location)

Closure time (please use 24 hour clock)

From:

To:

A5. Site Foreman Numbers

Contact Number

Proposed Road Closures and Traffic Control (include details of user pays Police or RMS accredited controllers. If none required, write N/A)

Details of Proposed Equipment and Machinery (If none required, write N/A)

Details of Structures (e.g. barricades, water filled barriers etc. If none required, write N/A)

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A6.Parking Details

Construction Zone Parking Spaces (specify street location, number of spaces and applicable parking restrictions and provide detail on Location Plan).

Barricading of required parking spaces (please use 24 hour clock)

From: **To:**

Additional Measures Please detail any additional measures not described above which will be undertaken to manage the project (eg safety, site amelioration etc)

Office use only

Date	<input type="text"/>	Receipt Number	<input type="text"/>	Amount	<input type="text"/>
GL Receipt Mnemonic	<input type="text" value="EngHoarding&TempRdCl (A5648.7238.41280)"/>		Includes GST Y/N	<input type="text" value="N"/>	

Upon receipt please return copy of this form and associated paperwork to Engineering Assistant - Traffic.