Application for Consent to Carry Out Certain Activities on the Public Highway

This form is intended to facilitate proper administration of the statutory Approval and Consents under the Highways Act 1980 (as amended), The New Roads and Street Works Act 1991 and the Traffic Management Act 2004 having regards to relevant guidance.

Applications received without details of insurance will not be processed. Safety and security for highway users is our paramount consideration at all times. A plan/drawing or other technical details must also be attached as part of the application and references to Technical Guidance where relevant are required.

1. Particulars of Applicant:

| Full name of Applicant | ................................................................................................................................. |
| Name of Company | ................................................................................................................................. |
| Company registration number | ................................................................................................................................. |
| Address of applicant/company: | ................................................................................................................................. |
| | ................................................................................................................................. |
| | ................................................................................................................................. |
| Post Code: ................................................................................................................................. |

E-mail contact: .................................................................................................................................

Contact: Office telephone and mobile .................................................................................................................................

Contact number for site owner (if different) .................................................................................................................................

CDM Co-ordinator contact if appointed .................................................................................................................................

2. Details of Site and Proposed Activity:

Location of proposed activity: .................................................................................................................................

.................................................................................................................................

Post Code: .................................................................................................................................

Proposed activity

☐ Scaffolding (to be completed by a scaffolding contractor only – a method statement is required)
☐ Hoarding or Fencing
☐ Building Materials or other items deposited on the public highway
☐ Other (please give full details) .................................................................................................................................

What works on, over or under the public highway are entailed? .................................................................................................................................

What obstructions of the public highway are required to be authorised? .................................................................................................................................

Is there Planning permission for the works? .................................................................................................................................

If so please give reference including information for F10 notification, Construction Phase Plan, Method Statement & Risk Assessment

3. Requested Period of Licence: (A minimum period of 7 working days notice is required)

Proposed Start Date: …/…/….. (DD/MM/YY)

Proposed Completion Date: …/…/….. (DD/MM/YY)

Duration (No. of weeks on site): ………..

4. Details of Insurance:

Name of Insurance Company: .................................................................................................................................

Policy Number: .................................................................................................................................

Policy Expiry Date: .................................................................................................................................

A copy of Public Liability (NOT Employers) insurance certificate MUST be submitted
5. Fees and Deposits:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee (£)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration/Application Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scaffold</td>
<td>89.20</td>
<td></td>
</tr>
<tr>
<td>Hoarding/Fencing</td>
<td>89.20</td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td>89.20</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>89.20</td>
<td></td>
</tr>
<tr>
<td>Site Inspection Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre &amp; Post Activity Inspection Fee</td>
<td>144.40</td>
<td>(payable)</td>
</tr>
<tr>
<td>Weekly Inspection Fee</td>
<td>72.20</td>
<td>(no. of wks on site)</td>
</tr>
<tr>
<td>Deposit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities (area of occupation - payable)</td>
<td>106.20</td>
<td>x ... m² = £.........</td>
</tr>
<tr>
<td>Other (a minimum deposit may be required TBC)</td>
<td></td>
<td>£.........</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>£.........</td>
</tr>
</tbody>
</table>

6. Payments:

Payment can be made by credit/debit card or Bacs’s transfer. 1 x Fees & 1 x Deposit where required. Return of deposits will take 2-4 weeks to refund via BACS transfer ONLY. Any deposit refunds must be claimed within six months of the end or revocation date of a valid permit

7. Return Application Form:

This application form along with a valid copy of Public Liability insurance policy, a detailed drawing of the activity with dimensions and a site specific method statement (where applicable) should be returned by email to:

streetworks@hounslowhighways.org

Tel: 0208 538 5672 (1pm to 4pm only)

Declaration by Applicant:

*I/WE undertake to pay on demand, all costs associated with the repair of any damage to the highway caused by acts associated with the above mentioned activity that exceed the sum deposited. If the cost of any repairs is less than the sum deposited a refund of the appropriate amount will be returned to *ME/US. *I/WE hereby agree to accept full responsibility for any accidents or injury, claims or demands made by any person or bodies arising directly or indirectly from any activity covered by this application and confirm that the insurance policy shall remain in force without amendment for the duration of the entire activity hereby applied for. *I/WE have read and understood the "conditions for certain activities on the public highway" and agree to abide by them and any special conditions imposed as part of the terms of the licence. *I/WE accept that failure to comply with the terms and conditions of the licence will render it null and void and liable for enforcement penalties (*delete as applicable). *I/WE have read and understood the Guidance Notes accompanying this application.

Name (Print): ....................................................... Position: ..........................................................

On Behalf of (Company): ..................................................................................................................
Detailed Plan of Proposed Works:

In the box below the applicant must produce a detailed drawing of the proposed activity, to include **accurate dimensions** of the activity i.e area of occupation of the public highway. Also, any pedestrian or traffic management to be involved. A site specific method statement is to be included with all scaffolding applications. Applications received without a detailed plan of the proposed activity and copy of Public Liability insurance certificate will **NOT** be processed.
Hounslow Highways (Office Use Only)

**Pre-Activity Site Visit:**

HAI assessment as to the condition of the public highway .................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Traffic or pedestrian management proposals ........................................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Requirements/conditions of licence ........................................................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Photographs attached *(three different angles)* □ Yes □ No

P. L cert checked □

Recommended deposit *(based on the current rate per m²)* £.................................................................

Pre-activity inspection undertaken by *(PRINT)* .................................................................Date.............

Authorised by Street Works Manager/Other ............................................................................................

Print name: ........................................................................................................................................

Date: ................................................................................................................................................

**Post-Activity Site Visit:**

HAI assessment as to the condition of the public highway .................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Completion date ............................... Deposit to be returned □ Yes □ No

Comments ..............................................................................................................................................
...........................................................................................................................................................
...........................................................................................................................................................

Completed checklist attached □ Yes □ No

Post activity inspection undertaken by *(PRINT)* .................................................................Date.............

Authorised by Street Works Manager/Other ............................................................................................

Print name: ........................................................................................................................................

Date: ................................................................................................................................................

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