

APPLICATION FOR FORMAL AUTHORISATION - DURHAM COUNTY COUNCIL

This form should also be used for the notification of the placing of portable traffic signals on the highway

The Traffic Signs Regulations and General Directions 2002 General Direction 53

Application for Permission or Scheme Design to Place Portable Light Signals on the Highway

PART A To be completed by the Promoter and with reference to Sections A and B of the Guidance Notes

Signal Application Type (choose one item only)

2-Way	<input type="checkbox"/>	Multiphase	<input type="checkbox"/>	Scheme Design & Approval	<input type="checkbox"/>
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Information Submitted (tick applicable items)

Signal Timings must be submitted with the application unless request is for a Scheme Design.

1:1250 Scale Map	<input type="checkbox"/>	Site Plans	<input type="checkbox"/>	Signal Timings	
				Submitted <input type="checkbox"/>	VA <input type="checkbox"/>

Site Location and Details

Street Name:	Address:		
USRN:	Road Classification & Number:		
Ordnance Survey Grid Reference	Easting	Northing	
Will the site affect a Level Crossing or Tramway ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will the site affect a Bus Stop or Bus Lane?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will the site affect existing Traffic Signals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will the site affect existing Pedestrian/Controlled/School Crossing or Entrance? (within 200m)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is there a road junction between the signal heads or within 50m of the site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will the site affect Parking/Meter Bays/Traffic Regulation Order?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will the site affect a structure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Operating Criteria for Portable Traffic Light Signals

Start Date for Portable Light Signals:			End Date for Portable Light Signals:			
Signal Operation Periods: (tick applicable items)	24 Hours	Weekday	Weekend	Overnight	Signals Start Time	Signals Finish Time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

NRSWA Notice Details

Promoter Reference:	Traffic Sensitive (Y/N)	<input type="checkbox"/>
Work Description:		

Category of Work: (choose one item only)

Minor Works	<input type="checkbox"/>	Immediate Works - Emergency	<input type="checkbox"/>
Standard Works	<input type="checkbox"/>	Immediate Works - Urgent	<input type="checkbox"/>
Major Works	<input type="checkbox"/>		

Liaison and co-ordination: The following services should be contacted for comment before application submitted:

Stakeholder	Comment (agreed, name etc)	Date (ddmmyy)
Police		
Ambulance		
Fire		
Adjoining Highway Authority		
Bus Operators		
Other affected stakeholder (name)		
Traffic Control Centre (Directorate)		

Contact Details

To : Durham County Council	From (Promoter):	
Address: Network Management Penthouse County Hall Durham DH1 5UQ	Contact Name (print):	
	Address:	
	Tel:	Fax:
Tel: 03000 265288 (East)		
Tel: 03000 263686 (West)	E-Mail:	
E-Mail: tempsignals@durham.gov.uk	Promoter Signature:	

Traffic Signal Supplier	Promoter 24 hour Emergency Contact Point		
Name:	Name:		
Address:	Tel:	Fax:	
	Contractor / Organisation undertaking works		
	Name:		
Tel:	Fax:	Tel:	Fax:
E-Mail:	E-Mail:		

Note: Any changes to the approved application must be agreed by the highway authority and may require a new application to be submitted.

Submitted By

Name:	Signature:	Date:
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The file should be saved in the following format prior to sending:

Promoter's initials; Street Name; Date example: dcc anystreet 010807.doc

PART B To be completed by the highway authority

Approval

The highway authority has considered this application and has made the following decision:

Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	Authority Reference: (or electronic signature)
Conditions of Approval:				
Reasons for non-approval:				
Site Visits:	Required		Date of site visit	Outcome of visit:
	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Traffic Impact Assessment: (tick the worst case scenario)	Slight	Moderate	Severe	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authority Signatory: (Includes electronic signature)	Name(print):		Date:	
Contact Number:	Out of Hours Contact Number:			

Note: Return of the approved application form constitutes the permission in writing and related conditions.