

APPLICATION FOR FORMAL AUTHORISATION

THE TRAFFIC SIGNS REGULATION AND GENERAL DIRECTIONS 2002 GENERAL DIRECTION 53

APPLICATION FOR PERMISSION FOR SCHEME DESIGN TO PLACE PORTABLE LIGHT SIGNALS ON THE HIGHWAY

PART A TO BE COMPLETED BY THE PROMOTER**SIGNAL APPLICATION TYPE** (CHOOSE ONE ITEM ONLY)

2WAY	MULTIPHASE	SCHEME DESIGN & APPROVAL

INFORMATION SUBMITTED (TICK APPLICABLE ITEMS)

SIGNAL TIMINGS MUST BE SUBMITTED WITH THE APPLICATION UNLESS REQUEST IS FOR A SCHEME DESIGN

SCALE MAP	SITE PLANS	SIGNAL TIMINGS

SITE LOCATION AND DETAILS

STREET	ADDRESS

USRN

ORDNANCE SURVEY GRID REFERENCE	EASTING	NORTHING
ROAD CLASSIFICATION AND NUMBER		
WILL SITE AFFECT LEVEL CROSSING OR TRAMWAY	YES	NO
WILL SITE AFFECT A BUS LANE	YES	NO
WILL SITE AFFECT EXISTING TRAFFIC SIGNALS	YES	NO
WILL SITE AFFECT EXISTING PEDESTRIAN CROSSING	YES	NO
IS THERE A ROAD JUNCTION BETWEEN SIGNAL HEADS	YES	NO
WILL THE SITE AFFECT PARKING/METER BAYS	YES	NO
WILL THE SITE AFFECT A STRUCTURE	YES	NO

OPERATING CRITERIA FOR PORTABLE TRAFFIC LIGHT SIGNALS

START DATE FOR PORTABLE LIGHT SIGNALS			END DATE OF PORTABLE LIGHT SIGNALS			
SIGNAL OPERATION PERIODS (TICK APPLICABLE ITEMS)	24 HOURS	WEEK DAY	WEEK END	OVER NIGHT	SIGNALS START TIME	SIGNALS FINISH TIME

NRSWA NOTICE DETAILS

PROMOTER REFERENCE	TRAFFIC SENSITIVE (Y/N)
WORK DESCRIPTION	

CATEGORY OF WORK (CHOOSE ONE ITEM ONLY)

EMERGENCY (INCLUDING REMEDIAL DANGEROUS)		MINOR WORKS WITH EXCAVATION	SPECIAL CASES OF URGENT
MINOR WORKS WITHOUT EXCAVATION		URGENT	REMEDIAL WORKS (NON DANGEROUS)
STANDARD WORKS			MAJOR PROJECTS

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 (AUTHORITY):	FROM (PROMOTER):
NAME	CONTACT NAME (PRINT)
ADDRESS	ADDRESS
TEL:	TEL:
FAX NO:	FAX NO:
	PROMOTER SIGNATURE

TRAFFIC SIGNAL SUPPLIER	PROMOTER 24HOUR EMERGENCY CONTACT POINT
NAME	NAME
ADDRESS	TEL:
	CONTRACTOR/ORGANISATION UNDERTAKING WORKS
	NAME
TEL:	TEL:
FAX NO:	FAX NO

NOTE:

ANY CHANGES TO THE APPROVED APPLICATION MUST BE AGREED BY THE HIGHWAY AUTHORITY AND MAY REQUIRE A NEW APPLICATION TO SUBMITTED

SUBMITTED BY

SIGNATURE	NAME	DATE

PART B TO BE COMPLETED BY THE HIGHWAY AUTHORITY

APPROVAL

THE HIGHWAY AUTHORITY HAS CONSIDERED THIS APPLICATION AND HAS MADE THE FOLLOWING DECISION

APPROVED	NOT APPROVED	AUTHORITY REFERENCE	
CONDITIONS OF APPROVAL			
REASON FOR NON APPROVAL			
SITE VISITS	REQUIRED		DATE OF SITE VISIT
	YES	NO	
			OUTCOME OF VISIT
TRAFFIC IMPACT ASSESSMENT (TICK THE WORST CASE SCENARIO)	SLIGHT	MODERATE	SEVERE
AUTHORITY SIGNATORY	NAME		DATE
CONTACT NUMBER	FAX NUMBER		

NOTE: RETURN OF THE APPROVED APPLICATION FORM CONSTITUTES THE PERMISSION IN WRITING AND RELATED CONDITIONS