

(ENTER ADDRESS HERE)

Telephone (ENTER TELEPHONE NUMBER HERE)

HIGHWAYS ACT 1980: APPLICATION TO DEPOSIT A BUILDERS' SKIP ON THE PUBLIC HIGHWAY

IMPORTANT: (i) PLEASE USE BLACK INK AND BLOCK CAPITALS
(ii) CAREFULLY READ THE ATTACHED GUIDANCE NOTES BEFORE FILLING THIS FORM IN
(iii) FAILURE TO SUPPLY ANY INFORMATION REQUESTED ON THIS FORM WILL RENDER YOUR APPLICATION INVALID
(iv) UP TO 3 WORKING DAYS ARE REQUIRED TO PROCESS LICENCES, INCLUDING RENEWALS, FROM RECEIPT OF A VALID APPLICATION AND FEE.

1. Renewal

Is this a request to renew an existing licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state previous licence number
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2. Applicant / Agent	Main Client (for whom works are being carried out)
Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Name of Company (if applic.) <input style="width: 90%;" type="text"/>	Name of Company (if applic.) <input style="width: 90%;" type="text"/>
Address	Address
Post Code	Post Code
Telephone Number	Telephone Number
Fax Number	Fax Number

3. Site Address (please state the full postal address of the site)

Street Number /Block <input style="width: 90%;" type="text"/>	Street <input style="width: 90%;" type="text"/>
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Exact location of skip (if different from above)

Full name of responsible person on site

Telephone Number <input style="width: 90%;" type="text"/>	Fax Number <input style="width: 90%;" type="text"/>
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Period skip required From To

Please note that a licence will only be granted for a period of between 1 to 3 months.

Number of skips at a time NOTE: Applications for more than 1 skip at any one time will not normally be considered.

4. Parking Restrictions (It is the applicant's responsibility to contact the relevant section)

What parking restrictions are in force? Single yellow line Double yellow line Red route Security zone No restrictions in force

To place a skip on a double yellow line, you need to obtain permission from the Council's Parking Services on (ENTER TELEPHONE)

If it is not possible to locate the skip on a single yellow line, tick the appropriate box if you require any parking bay to be suspended.
NOTE: Permission will not normally be granted for skips on a Red Route or within a Security Zone.

Residents Parking Parking meter Pay and display Disabled Parking

If any of the above requires suspending, state bay number:

If you require a bay to be suspended, you will need to contact the (ENTER DETAILS)
Fees for suspensions must be sent to (ENTER DETAILS)

5. Skip Hire Company

Name

Telephone Number

Address

It is essential that you provide details of the skip company (not to do so will render your application invalid).

6. Type of materials to be deposited in Skip

If the work you propose to carry out involves the handling and/or disposal of asbestos, you must contact Environmental Health on (ENTER TELEPHONE NUMBER)

7. Declaration and Indemnity

Declaration

The information I/we have given is correct to the best of my/our knowledge and I/we undertake to deposit the builder's skip(s) to the satisfaction of the Council and in accordance with the terms and conditions of any licence issued.

Indemnity

In the event of the Council granting the permission sought herein I/we agree to indemnify and hold harmless the Council from and the against all actions in law or in equity, damages, statutory or common law losses, costs, charges and expenses arising in any manner whatsoever our of the deposit of the skip, works or use of the above-mentioned activity on the Public Highway.

Fraud

This authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Signature Applicant / Agent

Please print name

Name of company
(if applicable)

Position in company
(if applicable)

Date

FOR OFFICIAL USE ONLY

Yes

No

Agreed

Period from

Period to

No. of skips

Ward

Special conditions

Inspector's signature

Date

Stamp