

CONTRACTOR FORM - PART 1 Notification of Works to Construct Vehicular Crossing

This form must be completed fully, signed by the Council approved contractor and returned to the Highway Authority <u>at least 7 working days before</u> works commence on site.

SECTION 1: Location Details												
1.1	Crossing Lice	ence Number:										
1.2	Address of the property where the vehicular access is required:											
	House name/n	umber:	Address line 1:		Address line 2:							
	Address line 3:		Village/Town:		Postcode:							
SECT	SECTION 2. Contractor Detaile											
SEC	CTION 2: Contractor Details											
2.1	Company Nai	me:										
2.2	Contractor De	Contractor Details:										
	Address:	ss: Contact Telephone Number:										
ř												
·												
·		Extension:										
·	Postcode:											
	Email address:	Email address:										
2.3	Public Liabili	ty Insurance certi	ficato numbor:									
2.3	Fublic Liabilit	ly ilisurance ceru	ilicate fidiliber.									
2.4	The nominate	ed SITE SUPERVI	SOR will be:	The nominate	ed SITE OPERATIVE will be:							
	Name:			Name:								
	Position:			Position:								
	Contact No:			Contact No:								
	Card No:			Card No:								

SECTION 3: Site Arrangements									
3.1	Works on site are scheduled to commence on :	Date:		Time:					
3.2	Streetworks notification has been served:	Date:							
3.3	Please indicate the method of vehicle traffic management that will be used:	Give and take Stop / Go boards Temporary traffic lights* *A traffic light application form must be submitted at least 10 days in advance of the works commencing. Temporary footpath / road closure* *A road closure application form at least at least 12 weeks in advance of the works commencing. Other (please specify below):							
3.4	Please provide the name and telephone number of the specialist traffic management company that will be used: Please outline what arrangements will be made for pedestrians:								
3.4	method of vehicle traffic management that will be used: Please provide the name and telephone number of the specialist traffic management company that will be used: Please outline what arrangements will be	Stop / Go bo Temporary t *A traffic light days in adva Temporary f *A road closs in advance o	raffic lights* nt application form mus nce of the works comm ootpath / road closure* ure application form at I f the works commencing	nencing.					

SECTION 4: Declarations								
Please tick to declare the following:								
I can confirm that I have consulted all the relevant Statutory Undertakers and will comply with all of the requirements of the New Roads and Streetworks Act 1991. Notice N-1 month has been served.								
Any temporary traffic lights or road closures permissions (if applicable to these works) have been applied for separately and have been granted.								
I confirm that I will construct the above crossing in accordance with the Highway Authority's specification and any other conditions stated in the permission letter issued.								
I confirm that I comply with the Council's contract insurance requirements and that all insurance policy premiums are paid up to date for the duration of the works and will remain so until final approval by the Highway Authority.								
I confirm that I shall provide and maintain road signing and guarding in accordance with Chapter 8 of the Traffic Signs Manual to protect works and road users for the duration of the works.								
I will notify the Highway Authority of any changes to my programme.								
I will complete the works without undue delay. I understand that if I delay unreasonably, the Highway Authority may complete the work on my behalf and in doing so, would charge for this work.								
I have identified all potential hazards and will mitigate as appropriate; a list of these hazards will be kept on site.								
I confirm that the NRSWA nominated supervisor will be responsible for the works on site and I will notify the Highway Authority of any change to the NRSWA supervisor of operatives for this site.								
<u> </u>								
Full Name:								
Position:								
Signed:								
Date:								

ONCE COMPLETED, PLEASE SUBMIT TO YOUR LOCAL HIGHWAY AREA OFFICE (CC THE APPLICANT)



HIGHWAYS - AREA OFFICES

AREA 1 - RICHMOND

Gatherley Road Industrial Estate BROMPTON ON SWALE

DL10 7JQ

E: Area1.Richmond@northyorks.gov.uk

AREA 2 - THIRSK

Thirsk Industrial Estate York Road THIRSK YO7 3BX

E: Area2.Thirsk@northyorks.gov.uk

AREA 3 - WHITBY

Discovery Way WHITBY YO22 4PZ

E: Area3.Whitby@northyorks.gov.uk

AREA 4 - KIRBY MISPERTON

Beansheaf Industrial Park Tofts Road KIRBY MISPERTON YO17 6BG

E: Area4.KirbyMisperton@northyorks.gov.uk

AREA 5 - SKIPTON

Snaygill Estate (off Keighley Road) SKIPTON BD23 2QR

E: Area5.Skipton@northyorks.gov.uk

AREA 6 - BOROUGHBRIDGE

Stump Cross BOROUGHBRIDGE YO51 9HU

E: Area6.Boroughbridge@northyorks.gov.uk

AREA 7 - SELBY

Canal Road SELBY YO8 8AG

E: Area7.Selby@northyorks.gov.uk

For any general enquiries, please contact our Customer Resolution Centre:

Tel: 0300 131 2 131

Email: customer.services@northyorks.gov.uk