

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

Application for Permission 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"/>	
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Information Submitted (tick applicable items)

Signal Timings must be submitted with the application.

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 <input type="checkbox"/>	Weekday <input type="checkbox"/>	Weekend <input type="checkbox"/>	Overnight <input type="checkbox"/>	Signals Start Time	Signals Finish Time

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

