

APPLICATION FOR PERMISSION TO CONSTRUCT A TEMPORARY VEHICLE CROSSING

Important

Sections 1 to 5 to be completed in Block Letters

Please return to:

info@islandroads.com

Network Management
 St. Christopher House
 42 Daish Way
 Newport
 Isle of Wight
 PO30 5XJ

LICENCE NO:

APPLICANT DETAILS

Name:.....

Office Tel No:.....

Address:.....

Out of Office Hours Tel No:.....

.....

Post Code:.....

2. Location and Dimensions

Give precise location where the temporary crossing will be placed (i.e. Number/Name of Property and Road/Street/Town)

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Dimensions: Length..... Width:..... Total Area:

3. Insurance

Name of Insurance Company

Policy Number:

4. Period of Licence – Give dates on which the license is to start and finish:

From: to: (inclusive)

A notice of 10 clear working days must be given with allowance for weekends and public holidays.

PLEASE NOTE: You will be invoiced for £..... For the attached permit.

The invoice will be sent out at the end of the month.

5. Declaration – I hereby apply for permission to construct a temporary vehicle crossing and have read and accepted the conditions overleaf.

Signature:..... Date:

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

LICENSE (to be completed by Island Roads)

DOES NOT CONFLICT WITH ANY APPROVED ROAD AND STREET WORKS? Y / N

No: R2603/ / has been granted for the construction of a temporary crossing on the highway at the above location for the period shown. Conditions

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Signature: Date: