

WORKS WITHIN MUNICIPAL ROAD RESERVES

WORKS PERMIT

CRMS

Use this form for: Notification of commencement of proposed works; Application for consent; and Notification of completed works to the Ararat Rural City Council as Coordinating Road Authority.

This notification / application is provided in accordance with -

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| 1. Road Management Act 2004, Schedule 7 | 3. Code of Practice – Management of Infrastructure in Road Reserves 2008 |
| 2. Road Management (Works and Infrastructure) Regulations 2005 | 4. Ararat Rural City Council General Local Law 90 |

Application Type

Note: fee only applies for *Application for Consent*. Fee is GST exclusive.

Check Box Below or Select Here

☐ Application for consent ☐ Notification of commencement ☐ Notification of completion

Applicant Details

Your Reference No.:

Select role that best describes you

Name		<input type="checkbox"/> Utility
Address		<input type="checkbox"/> Responsible Road Authority
Town / Locality		<input type="checkbox"/> Telecommunications
Contact Person		<input type="checkbox"/> Fire Authority
Phone		<input type="checkbox"/> Property Owner
Mobile		<input type="checkbox"/> Contractor / Agent (specify)
Email		Specify: Choose an item.

Details of Work

Check box below or select from list

Choose an item

Address of Works		Proposed Start Date	/ / 20
Town / Locality	Postcode	Proposed Finish Date	/ / 20
Additional Location Details		Actual Start Date	/ / 20
		Actual Finish Date	/ / 20
Nearest Road Intersection		Speed Limit	km/h
Distance to intersection	Direction from intersection	Choose an item.	
Work Hours From	Work Hours To		

Description of Works (Provide a site plan showing the location and extent of proposed works, the location and all assets within the vicinity.)

- ☐ Service / Supply Connection
☐ Drainage Connection
☐ Vehicle Crossing
☐ Other Works (describe)

An application without a site plan shall be deemed to be non-complying.

Works Manager Details (the person or body who is responsible for conducting these works)

Business Name		ABN	
Address		Phone	
Town / Locality	Postcode	Mobile	
Contact Person		Email	
Does the Works Manager hold Public Liability Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check box or select	
Name of Public Liability Insurance Company:			
Policy Number:	Expiry Date	Amount of Cover	\$

Temporary Reinstatement:

Note: If required, complete separate form.

☐ Yes ☐ No Check box or select.

Start Date: End Date: End Time:

If temporary reinstatement is required, provide a statement detailing how reinstatement is to be undertaken and by whom. Use the *Reinstatement of Works within Road Reserves* form. This form can also be used to request reinstatement by Council.

Permanent Reinstatement:

Note: If required complete separate form.

☐ Yes ☐ No Check box or select.

Start Date: End Date: End Time:

If permanent reinstatement is required, provide a statement detailing how reinstatement is to be undertaken and by whom. Use the *Reinstatement of Works within Road Reserves* form. This form can also be used to request reinstatement by Council.

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Traffic Impact

1. Will a Traffic Management Plan be in operation during the proposed works?

Note: refer to s99A of the Road Safety Act 1986 and Code of Practice for Worksite Safety – Traffic Management

☐ Yes ☐ No

Check box or select.

2. Will major traffic control devices requiring a “Memorandum of Consent” be used?

Examples of major traffic control devices include speed limit signs, traffic signals, etc.

☐ Yes ☐ No

Check box or select.

Refer to Road Safety (Road Rules) Regulations 1999 and Code of Practice for Worksite Safety – Traffic Management.

3. Will the works:

(a) require deviation of vehicular traffic?

☐ Yes ☐ No

Check box or select.

(b) be conducted in a clearway when in operation?

☐ Yes ☐ No

Check box or select.

(c) be conducted on, partly on, or affect a bridge or other structure?

☐ Yes ☐ No

Check box or select.

4. Will closure of the road or part of the road to vehicular traffic be required for:

(a) a continuous period of more than 12 hours?

☐ Yes ☐ No

Check box or select.

(a) more than 24 hours in a 7 day period?

☐ Yes ☐ No

Check box or select.

5. If “Yes” to either 4(a) or 4(b), then what is: (a) the number of traffic lanes to be closed?

(b) the length of the traffic lane to be closed (1st lane)?

m / km

(b) the length of the traffic lane to be closed (2nd lane)?

m / km

6. Please provide any other relevant traffic information, including impact on pedestrians (including provision for people with disabilities), cyclists and public transport:

Consultation: Has consultation been carried out with adjoining

property owners or occupiers and affected community members?

☐ Yes ☐ No

Check box or select.

Mitigation Plan:

Is property access affected?

☐ Yes ☐ No

Check box or select.

Assets of other Parties / Authorities affected**

☐ Yes ☐ No

Check box or select.

Owner

Asset

Effect

Minimisation Plan:

Assets of other Parties / Authorities affected**

☐ Yes ☐ No

Check box or select.

Owner

Asset

Effect

Minimisation Plan:

**If there are more than 2 affected parties, attach a separate sheet with details. Includes other utility infrastructure, street trees, remnant vegetation and landscaped areas.

THIS SECTION TO BE COMPLETED BY THE RECEIPTING AND PERMIT ISSUING OFFICERS

Permit Number

Receipt Number:

Permit Issue Date

Receipt Date

Permit Valid Until

Permit Fee (inc GST)

\$

Signature of
Issuing Officer

Signature of
Receipting Officer

This permit grants consent to the applicant to undertake the works, at the location, and by the Works Manager identified above, in accordance with the *Standard Conditions of Consent*, any *Special Conditions of Consent* and any other Council By-Law or Regulation in force at the time.

This permit, or a copy of this permit, may be used to notify Council of changes to commencement and completion date where these vary from the proposed dates identified above.



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