

SCAFFOLDING AND HOARDINGS

Application form

HIGHWAYS ACT 1980 (SECTIONS 169, 171-174)

At least three working days' notice of proposed start date is required

If your application is approved you will be contacted by telephone or email to make the required payment. Alternatively enclose a cheque made payable to 'Plymouth City Council'.

The administration fee is £82 per 28 day period (£122 if less than three working days' notice). **There is no VAT.**

The following must be provided with your application:

- Proof of £5 million Public Liability Insurance
- Proof of Chapter 8 accreditations: One supervisor and one operative.

Payment made to Plymouth City Council Limited does **not** mean automatic entitlement to permit or service.

Applicant contact details

Name: _____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

Agent or Contractor

Name: _____

Address: _____

_____ Postcode: _____

Email: _____ Phone: _____

About the scaffolding, hoarding or other structure Address
of works location: _____

_____ Postcode: _____

Other streets affected: _____

Purpose of structure

Duration of works

Start date: _____ End date: _____

Dimensions (meters)

| | | | |
|--|---------|--------|---------|
| | _____ | _____ | _____ |
| | Length: | Width: | Height: |
| | _____ | _____ | _____ |
| | Length: | Width: | Height: |
| | _____ | _____ | _____ |
| | Length: | Width: | Height: |
| | _____ | _____ | _____ |
| | Length: | Width: | Height: |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side | _____ | _____ | _____ |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side | Length: | Width: | Height: |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side | _____ | _____ | _____ |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side | _____ | _____ | _____ |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side | _____ | _____ | _____ |

Sketch Plan

Please show details of the works, ensuring that the location can be identified in relation to other features or roads. Show widths of footway and carriageway on frontage affected.

Health and safety on public highway

Please supply details of at least one supervisor **and** one operative accredited to put out Chapter 8 signing, lighting and guarding. The operative **must** be on site at all times during erecting and dismantling processes. Please also attach proof of Chapter 8 accreditation to this form.

Supervisor: _____

Operative: _____

I/we:

- Apply for permission to erect or retain scaffolding and/or other structure(s) in or over the highway as detailed above.
- undertake to conform with such conditions as Plymouth Transport and Highways may see fit to issue or attach to any permission which may be granted, subject only to my/our initial right of appeal to a court against any condition to which I/we object.
- Attach proof of Chapter 8 accreditation.

Signed:

Date:

Please return to:
Plymouth Highways,
Prince Rock Depot,
Macadam Road,
Plymouth,
PL4 0RZ

Call 01752 668000 - Monday to Friday 8.30am to 5pm
Email Application: - road_space_booking@plymouth.gov.uk
Website www.plymouth.gov.uk

