

**NEW ROADS & STREET WORKS ACT 1991 SECTION 50
APPLICATION FOR THE GRANT OF A STREET WORKS LICENCE**

To be completed in block capitals, for guidance please refer to SWL1

SECTION 1 – OWNERS DETAILS

OWNER OF APPARATUS (NAME) : _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE No: _____

DECLARATION BY OWNER OF THE APPARATUS

I confirm that the details above are complete and correct and I agree to execute the Works under this Licence in accordance with the New Roads and Street Works Act 1991 and associated legislation, Codes of Practice and Specifications.

I acknowledge my statutory duty to pay the inspection fees including any defect inspection fees and the cost of any necessary remedial works carried out by the Street Authority. I also acknowledge my statutory duty to pay any Section 74 overrun charges should the street works be unreasonably prolonged.

I hereby declare that I have read the attached Licence document SWL3 and requirements of the New Roads and Street Works Act 1991 detailed in document SWL1 and agree to indemnify Cumbria County Council as Street Authority in accordance with Clause 4 of the attached Licence document SWL3.

I will pay the sum of £410 in respect of the fees referred to in SWL3, clause 5 when requested.

Signed by the Owner of the Apparatus: _____

Print Name: _____

Date: _____

SECTION 2 – STREET WORKS (detailed plans must be submitted with this application form)

Address of property served by apparatus: _____

Postcode: _____

Full description of apparatus: _____

Full description of the works: _____

Street & town in which works are to be carried out: _____

Grid Ref: E: _____ N: _____

Position: verge / footway / carriageway

Proposed start date: _____
(we require 6 week's notice)

Proposed end date: _____

SECTION 3 – DETAILS OF THE CONTRACTOR CONDUCTING THE WORKS

| | |
|-----------------------------------|------------------------------|
| Company Name: _____ | |
| Company Address: _____ | |
| _____ | |
| _____ | |
| Postcode: _____ Tel: _____ | |
| Email address: _____ | |
| Name of Site Supervisor | Out of Hours Contact Number |
| | |
| Name of Operative | Working Hours Contact Number |
| | |
| Name of Operative (if applicable) | Working Hours Contact Number |
| | |

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION

- A location plan (preferably OS Extract Scale 1:2500) should be supplied with this application
- Your authorisation from the relevant utility company to connect into their services
- A copy of your contractors' public liability cover
- A copy of their up-to-date street works accreditation or equivalent for the supervisor
- A copy of their up-to-date street works accreditation or equivalent for the operative/s (we require at least one out of every three operatives who will be working on site)

PLEASE SEE GUIDANCE NOTES SWL1 FOR DETAILS OF WHERE TO SEND YOUR COMPLETED APPLICATION