

	<b>NEW ROADS AND STREET WORKS ACT 1991</b> <b>APPLICATION TO PLACE OR MAINTAIN APPARATUS IN THE HIGHWAY</b>	<b>SWL 2</b>
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(NB Applicants unfamiliar with the requirements of this legislation are strongly advised to appoint a contractor with the appropriate knowledge and accreditation to help complete this application and to conduct the works on their behalf). Non-compliance with any requirement of the New Roads & Street Works Act 1991 may result in financial penalties.

**SECTION 1 – Owner of Apparatus**

<b>Surname:</b> _____		<b>Forenames:</b> _____	
<b>Company:</b> _____			
<b>Address:</b> _____			
<b>PO Code:</b> _____	<b>Work Tel:</b> _____	<b>Alt Tel:</b> _____	

**SECTION 2 Precise Location of Proposed Work**  
(Detailed plan to be submitted with this form)

Aid to correct street name can be found at [findmystreet.co.uk](http://findmystreet.co.uk)

Property: _____	Road/Street: _____
	Town: _____
PO Code: _____	Grid Ref (Easting/Northing): _____

Category of Works (Select 1 only):

Major Works Immediate/Urgent     
  Standard Works Immediate/Emergency     
  Minor Works

Type of works (e.g. Duct/Pipe/Cable):  
(continue at foot of form if necessary)

Tick if apparatus will be adopted

Estimated Length of Works: _____ m	Type of Licence required	New Apparatus	Maintenance
	Depth of Excavation	Up to 1.5m	Over 1.5m

Proposed Start Date: \_\_\_\_\_ Estimated Duration: \_\_\_\_\_ days Planned Finish Date: \_\_\_\_\_

Hours of Working

Daytime - All day	Daytime - AM only	Daytime - PM only
Nighttime		24 Hours

Work Lies Within: (tick all that apply)

Carriageway       Footway       Verge      Not Known  
 Cycleway       Footpath      Other

Proposed Traffic Control: (select all that apply)

Stop/Go boards <input type="checkbox"/>	Temporary Traffic Signals <input type="checkbox"/>	2 way <input type="checkbox"/>	4 way <input type="checkbox"/>
Road Closure <input type="checkbox"/>		3 way <input type="checkbox"/>	Other <input type="checkbox"/>
Priority Flow <input type="checkbox"/>	Pedestrian Walkway <input type="checkbox"/>	Available width of walkway/footway (m)	
Signs & Barriers only <input type="checkbox"/>	Alternative Footway <input type="checkbox"/>		

**SECTION 3 Details of person/company conducting the works:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mob No: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 4 INSURANCE. Public Liability Insurance of a minimum of £5 million must be provided up to completion of the permanent reinstatement. (Proof to be submitted with this form)**

Company Name:

Address:

Tel No:

Policy No:

Start Date:

Expiry Date:

**SECTION 5 DECLARATION BY OWNER OF APPARATUS:**

I confirm that the foregoing details are correct, and acknowledge that the works referred to above must be conducted in accordance with the requirements of the New Roads & Street Works Act 1991, and associated legislation and codes of practice, together with any other conditions imposed by the Street Authority in the relevant licence.

I acknowledge the statutory need for me to pay the prescribed inspection fees which will be imposed by the Street Authority, including any defect inspection fees and the cost of any necessary remedial works conducted by the Street Authority during the guarantee period, along with the required administration/capitalised annual charge fees.

I acknowledge that the licence is granted on the condition that I will indemnify the Street Authority against any claim in respect of injury, damage or loss arising out of:

- (a) The placing or presence in the street of apparatus to which the licence relates, or
- (b) The execution by any person of any works authorised by the licence.

I also acknowledge that I have read and understand the Notes for Guidance contained in Part 1 (Form SWL1).

Signed: ..... Date: .....

In the capacity of: .....

**Send completed form(s) to:-**

Street Works & Systems Team  
East Riding of Yorkshire Council  
Beverley Depot  
Annie Reed Road  
Beverley  
East Riding of Yorkshire  
HU17 0LF

Continuation:

**PRINT THIS FORM & SAVE A COPY FOR YOUR RECORDS**