

## Adran Lle a Seilwaith

Uned Gofal Strydoedd / DGFfASN

Bloc 1, Parc Myrddin, Waun Dew, Caerfyrddin, SA31 1HQ

Ffôn: (01267) 224507/08/09

E-bost: gofalstrydoedd@sirgar.gov.uk

## **Department of Place & Infrastructure**

Street Care / NRASWA Section
Block 1, Parc Myrddin, Richmond Terrace, Carmarthen, SA31 1HQ
Tel: (01267) 224507/08/09

E-mail: <a href="mailto:streetcare@carmarthenshire.gov.uk">streetcare@carmarthenshire.gov.uk</a>

## **HIGHWAYS ACT 1980**

**APPLICATION** for CONSENT to undertake CONSTRUCTION OF BUILDINGS (EXTERNAL INSULATION) over a HIGHWAY under the provisions of Section 177 of the Highways Act 1980.

SECTION 1 - APPLICANT DETAILS		
Name and Address of Property Ow	ner:	Name and Address of Agent: (All correspondence will be sent to this address)
Tel. No: Email:		Tel. No: Email:
SECTION 2 - LOCATION AND DESCR	IPTION OF PROPOSED W	ORKS
Address of Property affected by pro	posed works (if different	t to owner's address):
Road No (if known):		
Areas of the Highway affected: Vo (Please tick)	erge [] Footway [_	] Carriageway [] Backlane []
Description of Proposed Works:		
Existing Footway / carriageway wic	lth:	
Estimated Width of Works:		Proposed projection over the highway:
	es / Millimetres)	(Metres / Millimetres)
Estimated Duration of Works:	2,	Clearance above highway level:
		(Metres / Millimetres)
Proposed Start Date:		Proposed Finish Date:
		<u>,I</u>
SECTION 3 - DETAILS OF PERSONS/	CONTRACTOR LINIDERTAL	KING MODKS
SECTION 3 - DETAILS OF PERSONS/	CONTRACTOR UNDERTAIN	MING WORKS
Name and Address of the Contracto	or (if known):	
Tame and Address of the contract	( m.own).	

**NOTE:** The applicant <u>must</u> provide details of the Contractor prior to any works being undertaken in the highway.

Email:

Tel. No:

## SECTION 4 - INDEMNIFICATION AND INSURANCE

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Indemnification.
The Applicant shall indemnify the Authority against any claim in respect of injury, damage or loss arising out of the execution by any person of any works authorised by the consent.
The indemnity provided by the Policy should not be less than £10 million for any one accident or any one claim.
Insurance Certificate
I/We hereby certify that I/we hold the undermentioned policy with (Name of Insurance Company):
Policy No.: Expiry date:
(The applicant is required to provide proof of the insurance cover).
SECTION 5 - PLANS
The following plans <u>must</u> be submitted with this application:
1. Copy of Site plan to a Scale not less than 1/500 showing the applicants property marked in Red and proposed works.
2. Copy of location plan to a scale not less than 1/1250 or 1/2500 or 1/10,000 showing location of site in relation to its surroundings.
SECTION 6 - DECLARATION
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 Highways Act 1980, New Roads And Street Works Act 1991, enabling Regulations and Codes of Practice, Health and Safety at Work etc Act 1974 and relevant legislation, together with any conditions imposed by the Highway Authority in the consent.

Signed: \_\_\_\_\_\_ Date: \_\_\_\_\_

licence fee.

Completed application to be returned to <a href="mailto:streetcare@carmarthenshire.gov.uk">streetcare@carmarthenshire.gov.uk</a> or to the postal address above.

Once your application has been logged, you will be provided with a reference number and payment options for the