## APPLICATION FOR FORMAL AUTHORISATION - DURHAM COUNTY COUNCIL

This form should also be used for the notification of the placing of portable traffic signals on the highway

Application for Permission to Place Portable Light Signals on the Highway

PARI A To be complete	d by the Pro	mote	r and v	vith refere	ence	to Se	Ctioi	ns A	and B of	tne Gu	idance	Note	es	
Signal Application Type	(choose on	e iten	n only)											
2-Way 🔲 M	ultiphase													
Information Submitted (	tick applicab	le ite	ms)											
Signal Timings must be s	ubmitted witl	h the	applica	ation.										
1:1250 Scale Map			Site Plans Signal Timings							ings				
Site Location and Detail	s								Submitt	ed			VA	
Street Name:		Add	dress:											
USRN:					Roa	ad Cla	ssif	icati	on & Nui	mber:				
Ordnance Survey Grid Re	eference						Eas	ting			No	orthin	ıg	
-														
Will the site affect a Level				)							YES [		NO	
Will the site affect a Bus Stop or Bus Lane?										NO				
									YES [		NO			
Will the site affect existing Pedestrian/Controlled/School Crossing or Entrance? (within 200m)?  YES									NO					
Is there a road junction between the signal heads or within 50m of the site?  YES										NO				
Will the site affect Parking/Meter Bays/Traffic Regulation Order?  YES										NO				
Will the site affect a struct	:ure?										YES [		NO	
Operating Criteria for Postable L			ght Sig		te f	or Por	tah	le I id	ght Signa	ale.				
Signal Operation Periods:			ekday						nals Start		Sign	als F	inish T	ime
(tick applicable items)		1		T COROL	10		9.11	O.g.	iaio Otart	111110	U.g.	10.0 1		
NRSWA Notice Details		I.										0.40	n   F	
Promoter Reference:									Ira	ffic Se	nsitive	9 (Y/I	N)   L	
Work Description:  Category of Work: (choose	ose one iter	n onl	у)								_			
Minor Works				Immedia										
Standard Work	Immediate Works - Urgent													
Major Works														
Liaison and co-ordination	on: The follo	wing	service	es should	be (	contac	cted	for c	omment l	before a	applica	ition :	submit	ted:
Stakeholder				Comment (agreed, name etc)								Date (ddmmyy)		
Police														
Ambulance														
Fire														
Adjoining Highway Author	ity													

## **Contact Details**

**Bus Operators** 

Other affected stakeholder (name) Traffic Control Centre (Directorate)

To : Durham County Council					From (Promoter):							
Address: Traffic Assets and Streetworks					Contact Name (print):							
					Address:							
County Hall												
Durham												
DH1 5UQ												
							_					
Tel: 03000 2652				Tel:			Fax:					
Tel: 03000 2636	86 (Wes	st)		E-Mail								
E-Mail:					ter Signature	e:						
dccstreetworks	spermits	scneme @d	iurnam.gov.u	K								
Troffic Cianal Complian					Dramator 24 hour Emarganay Contact Daint							
Traffic Signal Su	ippliei				Promoter 24 hour Emergency Contact Point							
Name: Address:					Name:							
Address.					Tel: Fax:							
					Contractor / Organisation undertaking works							
Tal.		T		Name:			F					
Tel:		Fax:			Tel: Fax:							
E-Mail:				E-Mail	E-Mail:							
Note: Any chang application to be Submitted By			d application i	must be ag	reed by the	highway au	thority	and may require a new				
Name:			Signature:				Date:					
Name.			Oignature.		Date.							
Position:												
Position.												
The file should be saved in the following format prior to sending:  Promoter's initials; Street Name; Date example: dcc anystreet 010807.doc												
PART B To be completed by the highway authority  Approval												
Applotai												
The highway aut	thority h	as conside	red this applica	ation and h	as made the	following de	cision:					
Approved	proved Not Approved					Reference: (d	or electronic signature)					
Conditions of Ap	proval:				1							
Reasons for non	n-approv	aı:										
Site Visits:	Requ		Date of site v	visit C	Outcome of v	risit:						
Ye		No 🗌			Slight Mo							
Traffic Impact Assessment: (tick					t	Modera	te	Severe				
the worst case scenario)								Doto:				
Authority Signatory: Name(p					rint):			Date:				
(Includes electronic signature)												
			0	f Harris Contest Nivel on								
Contact Number: Out of				or Hours Co	Hours Contact Number:							

Note: Return of the approved application form constitutes the permission in writing and related conditions.