

**STREET WORKS LICENCE  
(SECTION 50 - NEW ROADS AND STREET WORKS ACT 1991)  
APPLICATION FOR CONDUCTING WORK ON EXISTING APPARATUS IN THE HIGHWAY**

**SECTION 1 OWNER OF APPARATUS**

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Or Full Registered name of Company: \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Tel. Work: \_\_\_\_\_ Home: \_\_\_\_\_

**SECTION 2 LOCATION** (Tick boxes where necessary). (Detailed plans to be submitted with form).

Property Reference \_\_\_\_\_ Road/Street \_\_\_\_\_

District/Parish/Ward \_\_\_\_\_ City/Town/Village \_\_\_\_\_

Postcode: \_\_\_\_\_ National Grid Ref: \_\_\_\_\_

Category of Works:	Emergency Urgent	Special Urgent	Minor with Excavation	Minor without Excavation	Standard Works	Major Project
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Type of works: (e.g. Duct/Pipe/Cable) \_\_\_\_\_

Estimated Length of Works _____ m	Average Depth of Excavation	Up To 1.5m	Over 1.5m	Works With No Excavation
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Proposed Start Date _____	Estimated Duration:	Hours	Days	Months
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Planned Finish Date: \_\_\_\_\_

Hours of Working:	Daylight	24 Hours	Night time	AM only	PM only

Work Lies Within:	Verge	Footway	Carriageway	All

Proposed Traffic Control:	Stop/Go Boards	Temp. Traffic Signals	Road Closure	Priority Flow	Not To Be Used

/continued overleaf .....

**SECTION 3 DETAILS OF NRSWA ACCREDITED CONTRACTOR.** (Proof to be submitted with this form).

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

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Accreditation/Registration No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

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

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

Tel. No: \_\_\_\_\_ Policy No: \_\_\_\_\_ 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 also 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/capitalized annual charge fees:

I also 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 Form SWL 1B.

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

In the capacity of: \_\_\_\_\_

**SECTION 6 CONSENT TO WORK ON EXISTING APPARATUS**

Additional conditions

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*On behalf of Street Authority*

**All correspondence relating to this application should be addressed to;**

**Leicestershire County Council,  
Environment & Transport Department,  
Highways Office  
Arbor Road, Croft  
Leicestershire LE9 3GE**

**Telephone: 0116 30521163  
Email: networkmanagement@leics.gov.uk**