



**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 | <input type="checkbox"/> | Special Urgent | <input type="checkbox"/> | Minor with Excavation | <input type="checkbox"/> | Minor without Excavation | <input type="checkbox"/> | Standard Works | <input type="checkbox"/> | Major Project | <input type="checkbox"/> |
|---------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|

Type of works: (e.g. Duct/Pipe/Cable) _____

Estimated Length of Works _____m Average
Depth of Excavation

| | | | | | |
|---------------|--------------------------|--------------|--------------------------|-----------------------------|--------------------------|
| Up To 1.5m | <input type="checkbox"/> | Over 1.5m | <input type="checkbox"/> | Works with No Excavation | <input type="checkbox"/> |
|---------------|--------------------------|--------------|--------------------------|-----------------------------|--------------------------|

Proposed Start Date _____ Estimated Duration:

| | | |
|--------------------------|--------------------------|--------------------------|
| Hours | Days | Months |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Planned Finish Date: _____

Hours of Working:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Daylight | 24 Hours | Night time | AM only | PM only |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Work Lies Within:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Verge | Footway | Carriageway | All |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Proposed Traffic Control:

| | | | | | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|-------------------|--------------------------|
| Stop/Go Boards | <input type="checkbox"/> | Temp. Traffic Signals | <input type="checkbox"/> | Road Closure | <input type="checkbox"/> | Priority Flow | <input type="checkbox"/> | Not To Be Used | <input type="checkbox"/> |
|-------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|-------------------|--------------------------|

/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

IMPORTANT

All communication relating to this Licence should be addressed to :-

Leicestershire County Council, Environment & Transport Department,
Highways Depot, Arbor Road, Croft, Leicestershire, LE9 3GE
Telephone: 0116 3052163 email: networkmanagement@leics.gov.uk