

Section 50 model application forms or website content

Application checklist

CHECKLIST
Please confirm the following and, where necessary, return the following information to {INSERT RETURN EMAIL}
Information can be sent in PDF format and attached to the email
(You must answer yes to all these questions before submitting your application)
A signed licence application form: Y/N
Plan of proposed works: Y/N
Proof of public liability insurance with appropriate indemnity cover: Y/N
Confirmation that works supervisors and operatives have the necessary NRSWA qualifications: Y/N
Completed statement of compliance: Y/N
Completed notice of works form/road space booking form, if needed at the time of application (please see template below): Y/N
Signed terms and conditions: Y/N
The correct fee {INSERT PAYMENT INSTRUCTIONS AND AMOUNT PAYABLE}: Y/N
If your works connect to an existing utility service, proof of approval by the relevant statutory undertaker who owns the asset you are connecting to must be provided: Y/N
If the apparatus is being adopted after it has been installed, you must provide a letter of intent to adopt from the relevant statutory undertaker which includes their contact details: Y/N
Details of proposed traffic management, if required: Y/N

NOTE: FAILURE TO PROVIDE ANY OF THE ABOVE INFORMATION WILL DELAY YOUR APPLICATION

{LINKS TO OTHER TYPES OF PERMISSION OR APPLICATION THAT MIGHT BE NEEDED}

OFFICIAL USE ONLY

RECEIPT NUMBER:

AMOUNT PAID:

DATE:

RECEIVED BY:

LICENCE NUMBER:

DATE ISSUED:

Application form

HIGHWAY AUTHORITY LOGO	NEW ROADS AND STREET WORKS ACT 1991
	Section 50 street works licence application
	Data protection statement - {insert statement covering why personal information is being collected, what it will be used for, how long it will be stored for and/or link to authority's privacy policy}
	SECTION 1 - OWNER OF APPARATUS / ASSET OWNER {INCLUDE/ADD DETAILS OF WHO WILL OWN THE ASSET AFTER INSTALLATION IF THIS IS DIFFERENT TO THE OWNER AT THE TIME OF INSTALLATION}
LAST NAME	
FIRST NAME	
Or	
COMPANY NAME	
ADDRESS	
POSTCODE	
TELEPHONE {mobile}	
EMAIL	
	SECTION 2 - WHAT WORKS WILL YOU BE CARRYING OUT?
	(Plan must be attached)

ADDRESS/LOCATION OF WORKS	
POSTCODE	
{can request grid reference}	
{can request details and size of proposed excavation}	
	SECTION 3 - WHEN DO YOU PROPOSE TO CARRY OUT THE WORKS?
PROPOSED START DATE	
PROPOSED END DATE	
	SECTION 4 - CONTRACTOR DETAILS/THOSE CARRYING OUT THE WORKS
CONTACT'S LAST NAME	
CONTACT'S FIRST NAME	
CONTACT'S MOBILE PHONE NUMBER	
COMPANY NAME	
COMPANY ADDRESS	
COMPANY TELEPHONE NUMBER	
EMERGENCY/OUT OF HOURS TELEPHONE NUMBER(S)	
	PUBLIC LIABILITY INSURANCE DETAILS (Photocopy of insurance certificate is required plus evidence of appropriate indemnity cover)
COMPANY NAME	
TELEPHONE NUMBER	
ADDRESS	
Policy No	
Expiry Date	

	TRAFFIC MANAGEMENT COMPANY IF APPLICABLE
CONTACT'S LAST NAME	
CONTACT'S FIRST NAME	
CONTACT'S MOBILE PHONE NUMBER	
COMPANY NAME	
COMPANY ADDRESS	
COMPANY TELEPHONE NUMBER	
EMERGENCY/OUT OF HOURS TELEPHONE NUMBER(S)	
	OFFICIAL USE ONLY
RECEIPT NUMBER	
AMOUNT PAID	
DATE	
RECEIVED BY	
LICENCE NUMBER	
DATE ISSUED	

Declaration

DECLARATION

I confirm the details on the application are correct and acknowledge that the works referred to in the application must be conducted in accordance with the requirements of the New Roads and Street Works Act 1991 and the associated legislation and Codes of Practice.

I confirm that there will be a qualified operative with relevant NRSWA street works qualifications on site at all times while works are in progress, and that the qualifications held will be appropriate for the work being carried out. I acknowledge that random checks may be carried out and that the operative must produce a valid street works qualification card upon request.

I confirm that a supervisor with a NRSWA Street Works Qualification will be available (that is within 30 minutes travelling distances of the site) for the duration of the works within the highway. I acknowledge that random checks may be carried out and that the supervisor must produce a valid street works qualification card upon request.

I acknowledge the need for me to pay the prescribed fees for the licence [and, if additional, inspection fees] which will be imposed by the Highway Authority (INSERT AUTHORITY NAME HERE), including any defect inspection fees and the cost of any necessary remedial works conducted by the Highway Authority should I fail to comply with the conditions of the Licence.

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

- The placing or presence in the street of apparatus to which this Licence refers.
- The execution by any person of any works authorised by this Licence.

I have read and understood the terms and conditions of the Licence contained in this application.

SIGNATURE OF THE APPARATUS OWNER:

DATE:

PRINT NAME HERE:

POSITION IN COMPANY (where applicable):

CONTRACTOR'S SIGNATURE IF DIFFERENT TO THE APPARATUS OWNER (authorised to act on behalf of the company):

DATE:

PRINT NAME HERE:

POSITION IN COMPANY (where applicable):

OFFICIAL USE ONLY

RECEIPT NUMBER:

AMOUNT:

DATE:

RECEIVED BY:

LICENCE NUMBER:

DATE ISSUED:

Notice of works/road space booking form

(Previously known as a Part N form)

NEW ROADS AND STREET WORKS ACT 1991
NOTICE OF WORKS
To: {Street Works Team email address}
Licensee name:
Licensee email Address:
Licensee telephone number:
Licensee mobile number:
Contractor name:
Contractor email address:
Contractor telephone number:
Contractor mobile number:
Section 50 licence number:
Purpose (Please tick as appropriate)
Cancellation: Start notice: Stop notice: Revised duration:
Timing
Expected start date:
Expected completion date:
Actual start date: Actual start time:
Actual completion date: Actual completion time:
Works Category (Please tick as appropriate)
Immediate works: Minor <3days: Standard 4-10 days: Major >10 days:

Location details**House name or number:****Street name:****Locality, town:****Description of works:****Traffic management type:****Emergency contact name and telephone number:****Reinstatement Type****(Please tick as appropriate)****Temporary:****Permanent:****Dimensions of excavation(s) (length x width x depth) (MUST BE COMPLETED)****Footway:****Carriageway:****Verge:**