SOUTHAMPTON CITY COUNCIL

APPLICATION FOR FORMAL AUTHORISATION

Bus Operators

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

The Traffic Signs Regulations and General Directions 2002 General Direction 53 Application for Permission or Scheme Design to Place Portable Light Signals on the Highway

PART A To be completed by the Promoter and with reference to Section A Guidance Notes Signal Application Type (choose one item only) 2-Way Multiphase Scheme Design & Approval Information Submitted (tick applicable items) Site Plan & Signal Timings must be submitted with the application unless request is for a Scheme Design. Site Plans 1:1250 Scale Map Signal Timings Site Location and Details Street Name: Address: USRN: Road Classification & Number: Ordnance Survey Grid Reference Easting Northing Will the site affect a Level Crossing or Tramway YES [NO [Will the site affect a Bus Lane? YES NO [Will the site affect existing Traffic Signals? YES NO Will the site affect existing Pedestrian Crossing? YES NO Is there a road junction between the signal heads? YES [NO [Will the site affect Parking / Meter Bays? YES NO Will the site affect a structure? YES NO **Operating Criteria for Portable Traffic Light Signals** Start Date for Portable Light Signals: End Date for Portable Light Signals: Signal Operation Periods: 24 Hours | Weekday Weekend Overnight Signals Start Time Signals Finish Time (tick applicable items) **NRSWA Notice Details** Promoter Reference: Traffic Sensitive (Y/N) Work Description: Category of Work: (choose one item only) **Emergency (including Remedial** Minor Works Special Cases of Urgent (With Excavation) Dangerous) Minor Works (Without Excavation) Remedial Works (Non-Dangerous) Urgent Standard Works Major Projects Liaison and co-ordination: The following services should be contacted for comment before application submitted: Stakeholder Comment (agreed, name etc) Date (ddmmyy) Police **Ambulance** Fire Adjoining Highway Authority

Contact Details

To (Authority):			From (Promoter):			
Name (print):			From (Promoter): Contact Name (print):				
Address:							
Address:			Address:				
							
	_		Tel:				
Tel:	Fax:		E-Mail:				
E-Mail:			Promoter Signature:				
Traffic Signal Supplier			Promoter 24 hour Emergency Contact Point				
Name:			Name:				
Address:		Tel:					
			Contractor / Organisation undertaking works				
			Name:				
Tel: Fax:			Tel:				
E-Mail:			E-Mail:				
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Note:							
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Any changes to the approved application must be agreed by the highway authority and may require a new							
application to be submitte		ation mast	. be agree	a by the h	igilway addition	ty and may require a new	
application to be submitted.							
Submitted By							
Submitted by							
Name: Signat			ature:			Date:	
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PART B To be completed by the highway authority							
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Approval							
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The highway authority has considered this application and has made the following decision:							
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Approved	Not Approved	l		Authority	Reference: (or e	electronic signature)	
Conditions of Approval:							
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Reasons for non-approval:							
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Traffic Impact Assessmen		Slight		Moderate	Severe		
the worse case scenario)							
Authority Signatory:			Name(print):			Date:	
(Includes electronic signa	ture)						
Contact Number:			Out of Hours Contact Number:				

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