

APPLICATION FOR PERMISSION TO CONSTRUCT A TEMPORARY VEHICLE CROSSING

Sections 1 to 5 to be completed in Block Letters
Please return to: info@islandroads.com
Network Management St. Christopher House 42 Daish Way Newport Isle of Wight PO30 5XJ
PLEASE NOTE: Charge for a temporary vehicle crossing is £360 inspection fee and a deposit of £64.50 per square meter.
1. Applicant Details Name: Office Tel No: Out of Office Hours Tel No: Post Code: Post Code: Out of Office Hours Tel No: Out of Office Hours Te
2. Location and Dimensions Give precise location where the temporary crossing will be placed (i.e. Number/Name of Property and Road/Street/Town) Dimensions: Length
3. Insurance Name of Insurance Company Policy Number:
4. Period of Licence – Give dates on which the licence is to start and finish: From:
Declaration — I hereby apply for permission to construct a temporary vehicle crossing and have read and accepted the conditions overleaf. Signature: Date: DO NOT WRITE BELOW THIS LINE — OFFICE USE ONLY
LICENCE (to be completed by Island Roads) DOES NOT CONFLICT WITH ANY APPROVED ROAD AND STREET WORKS? Y / N No: R2603/ / has been granted for the construction of a temporary crossing on the highway at the above location for the period shown. Conditions
Signature: Date: