

**APPLICATION FOR PERMISSION TO CONSTRUCT A TEMPORARY VEHICLE CROSSING**

**Important**

Sections 1 to 5 to be completed in Block Letters

Please return to:

[info@islandroads.com](mailto: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 £246 inspection fee and a deposit of £56.50 per square meter.

**1. Applicant Details**

Name:.....  
 Address:.....  
 .....  
 .....  
 Post Code:.....

Office Tel No:.....  
 Out of Office Hours Tel No:.....

**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..... Width:..... Total Area (m<sup>2</sup>): .....

**3. Insurance**

Name of Insurance Company .....

Policy Number:.....

**4. Period of Licence** – Give dates on which the license is to start and finish:

From: ..... to: ..... (inclusive) A  
notice of 10 clear working days must be given with allowance for weekends and public holidays.

**5. 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 LICENSE** (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:** .....