

TRAFFIC CONTROL APPLICATION



Application - Allow 2 working days to process this application

FORM A

Please send to info@alburycity.nsw.gov.au

For further information please contact:

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- Application** Application for temporary Road Closure Application for Pedestrian Control
- Type (please tick)** Application to include Portable Traffic Signals Application to include Speed Reduction
- Application for temporary traffic control where road will remain partly open

Name: (who is undertaking works) _____ **Telephone:** _____

Company / Contractor Name: _____ **Mobile:** _____

E-mail: _____ **Web Site:** _____

Traffic Control Company: _____ **Telephone:** _____

E-mail: _____

Address: _____

Contact Name: _____ **Mobile:** _____

(must be available 24hrs)

- Traffic Impact (please tick)** Works impede a bus stop Pedestrians be affected Social Event
- Short term / mobile works Long term works
- Near a school crossing Works within 100m of a signalised intersection
- Curfew times apply School Zone CBD Clearway RMS

General Description Of Activity: _____

Location: _____ **Road Name:** _____ **Suburb:** _____

Nearest cross Street: _____ **Direction:** North South

(Include existing speed zones)

from East West

works:

Other Streets affected _____

(Include existing speed zones)

Date/s of Works: From: _____ To: _____ Traffic Control to be undertaken on weekdays

Requested Hours: From: _____ To: _____ Traffic Control to be undertaken on weekends

Total Duration: Weeks: _____ Days: _____ Hours: _____

ACTIVITY ON THE ROAD CANNOT COMMENCE UNTIL ALBURYCITY APPROVES THE SUBMISSIONS

OFFICE USE ONLY

- FORM A - CONDITIONS HAVE BEEN MET.
- FORM B - CONDITIONS APPLY FOR ROAD CLOSURES / DETOURS – ACTIVITY ON THE ROAD CANNOT COMMENCE UNTIL THESE CONDITIONS HAVE BEEN MET. FORM B IS NOT APPLICABLE. RMS ROL.
- FORM C – SPEED REDUCTION APPLIES. FORM C IS NOT APPLICABLE. RMS SZA.

Not approved until signed by authorised representative of AlburyCityDate.....