

Works Within Road Reserves

This notification / application is provided in accordance with:

1. Road Management Act 2004 (Schedule 7) 2. Road Management (Works & Infrastructure) Regulations 2005



Use this form for:

(i) Notification of proposed works, (ii) Application for consent, or (iii) Notification of completed works to the Coordinating Road Authority (CRA)

APPLICANT (the person or body who will be responsible for conducting these works)

Type:	1. Notification of proposed works ☐	Date:		/ / 20
	2. Application for consent ☐	Permit No:		
	3. Notification of completed works ☐	Receipt No:	Code 95	
To: (Coordinating Road Authority)	Swan Hill Rural City Council Phone: 03 5036 2333 Email: road_consent@swanhill.vic.gov.au		Fee: (ONLY for "Application for Consent")	\$
From: (Name of Applicant)				
Role:	Private Contractor ☐	Utility (or Agent for Utility) ☐	Other ☐ (description)	
Address:				
Phone:	Mobile :		Telephone (BH):	
Contact person:				
Email address:				

DETAILS of WORK

Work type:	1. Service connection ☐	Work hours:	from	am/pm	to	am/pm
	2. Supply extension ☐		Start date:	/ / 20	End date:	/ / 20
	3. Minor works ☐		Extension authorised:		Yes ☐ No ☐	
4. Other works ☐						
Location of works:						
Map:	1. Melways ☐	Edition No:		Map No:		Grid reference:
	2. VicRoads Country Directory ☐					
Nearest Intersection: (Name of Road)						
Distance to nearest intersection:	m or km	Direction to Nearest Intersection:	North ☐	South ☐	East ☐	West ☐
Other road(s) / asset(s) affected:						
Location of utility assets: *						
* Include (as an attachment) a scaled location map showing which road and which part(s) of the road reserve is (are) affected, proposed depth of cover, clearances and offsets to other road and non-road infrastructure.						
Description of works: **						
**Include details of assessment of relevant risks and proposed mitigation measures.						
Works Manager Details (the person or body who was/will be responsible for conducting these works):						
If same as applicant tick: ☐ otherwise complete details below						
Contractor:	Yes ☐ No ☐	Company name:				
Address:						
Phone:	Mobile:		Telephone (BH):			
Contact person:						
Email address:						

APPROVAL (Council Use Only) – Only required for applications for consent

Date:	/ / 20	Approved: Yes ☐ No ☐	If no, reason:
Authorised Officer:			
Signature:		Contact number:	
Completed Section 173 Agreement received (if applicable) ☐			

TEMPORARY REINSTATEMENT #	Required? (Yes/No)	End date:	/ / 20	time:	am/pm
Details:					
PERMANENT REINSTATEMENT	Required? (Yes/No)	End date:	/ / 20	time:	am/pm
Details:					
Contractor: (Yes/No)		Company name:			
Address:					
City/Town:		State:		P/Code:	
Contact person:		Telephone (BH):			
Email address:		Facsimile:			
		Mobile or AH Telephone:			

TRAFFIC IMPACT #			
1. Will a Traffic Management Plan be in operation during the proposed works? * MANDATORY (Note: refer s99A of the Road Safety Act 1986 and Code of Practice for Worksite Safety – Traffic Management)			YES
2. Will major traffic control devices requiring a “Memorandum of Authorisation” be used? (Yes / No) Examples of major traffic control devices include speed limit signs, traffic signals (including portable traffic signals, etc. (Note: refer Road Safety (Road Rules) Regulations 1999 and Code of Practice for Worksite Safety – Traffic Management)			
3. Will the works:	(a) Require deviation of vehicular traffic into on-coming traffic lane? (Yes / No)		
	(b) Be conducted in a clearway when in operation? (Yes / No)		
	(c) Be conducted on, partly on or affect a bridge or other structure? (Yes / No)		
4. Will closure of the road or part of the road to vehicular traffic be required for:			
	(a) A continuous period of more than 12 hours? (Yes / No)		
	(b) More than 24 hours in a 7 day period? (Yes / No)		
5. If “Yes” to either 4(a) or 4(b), then what is:			
	(a) The number of traffic lanes to be closed?		
	(b) The length of traffic lane to be closed (1 st lane) (indicate with m for metres or km for kilometres)		
	(c) The length of traffic lane to be closed (2 nd lane) (indicate with m for metres or km for kilometres)		
6. Please provide any other relevant traffic information, including impact on pedestrians (including provision for people with disabilities), cyclists and public transport:			

CONSULTATION #			
Adjoining property owner(s)/occupier(s) and/or affected members of the community?		Date:	/ / 20
		Is access affected? (Yes/No)	
Mitigation plan:			

ASSETS of OTHER PARTIES/AUTHORITIES AFFECTED *** #			
Owner:		Consulted? (Yes/No)	
Asset(s):			
Effect:			
Minimisation plan:			
Owner:		Consulted? (Yes/No)	
Asset(s):			
Effect:			
Minimisation plan:			

*** Includes other utility infrastructure, street trees, remnant native vegetation and landscaped areas

Not required for Notification of Completed Works