

## TRAFFIC CONTROL PERMIT

*Information Privacy Act 2009* Cloncurry Shire Council is collecting your personal information in accordance with the *Local Government Act 2009*. The information collected on this form will be accessed by authorised Council officers or any other relevant State Government departments for the purpose of approving this application and ensuring Council records are accurate. Your information will not be accessed by any other person or agency unless you have given us permission or we are required to do so by law.

#### Authorising Provisions:

Local Law No.4 (Local Govt. Controlled Areas Facilities & Roads) 2014; and Subordinate Local Law No.4 (Local Govt. Controlled Areas, Facilities & Roads) 2014

SECTION 1: APPLICANT DETAILS (please print)				
Name				
ACN (if applicable)				
Postal Address				
Suburb	Postcode			
Phone no. (day)	Mobile no.			
Email				

Note: if the applicant is not the property owner of the site where the works are to be carried out, the property owner's consent must be signed in one of the following ways:

- If the sole property owner, by that person
- If joint property owner's, by at least one owner
- If the property owner is a body corporate or organisation, by affixing the seal
- By duly authorised agent or representative of the owner, and attaching a copy of the authorisation

SECTION 2: PROPERTY OWNER DETAILS (please print)				
Name				
ACN (if applicable)				
Postal Address				
Suburb	Postcode			
Phone no. (day)	Mobile no.			
Email				

SECTION 3: CONTRACTORS DETAILS (please print)				
Name				
ACN (if applicable)				
Postal Address				
Suburb	Postcode			
Phone no. (day)	Mobile no.			
Email				
Insurance details				



<b>SECTION 4: PROPERTY I</b>	OCATION (plea	ase print)			
Site Location of Proposed V	0	0		ls such as	'Various streets' is
unacceptable; if more than one stre	et involved attache	d separate list with fu	ll details).	G4 4	
Street				Street no	
Suburb Real Property Description	Lot no:	Plan type		Postcode Plan no	
Real Property Description		i ian type		1 1an 110	
SECTION 5: WORKS DET	AILS (please prin	nt)			
			-		
Section of Road (from/near):			To:		
Permit Period from:			To:		
Number of days for closure:					
Monday-Friday					
Monday – Saturday					
□ All Week					
Week Night					
□ Weekends only					
□ Saturday only					
□ Sunday only					
Reason for traffic control					

Related Cloncurry Shire Council Development Application (DA) Number(s)/Contract Number/Works on Local Government Controlled Roads Permit Application Number



#### **Proposed Traffic Controls**

- Full Road Closure public access/special event
- Full Road Closure work area
- Travel Lane Closure
- □ Shoulder Closure
- □ Footpath Closure
- □ Verge Closure (no path)
- □ Other

### **Traffic Management**

Unless otherwise stated closures require a Traffic Management Plan/Traffic Control Plan which must be submitted with your application

Plans must be prepared in accordance with the current version of the Manual of Uniform Traffic Control Device (MUTCD), by a person currently qualified in Traffic Management Level 3 or 4 by the Department of Transport and Main Roads, or a traffic management company that is registered under the Department of Transport and Main Roads Traffic Management Registration Scheme. On-site implementation of the TMP/TCP must be undertaken by a company that is registered under the Traffic Management Registration Scheme.

Refer to the Department of Transport and Main Roads website at: www.tmr.qld.gov.au.

### **SECTION 6: PUBLIC LIABILITY INSURANCE**

The applicant must hold a current Public Liability Insurance (PLI) Policy with the minimum cover of \$10 million throughout the permit period. The insurance company must be licensed to operate in Australia. A copy of the PLI policy must be submitted with the application.

#### **SECTION 7: CHECKLIST**

This application shall be accompanied by the following documents:

A plan of works must include Chainage, GPs coordinates, Orientation and Gantt chart	
A Traffic Management Plan/Traffic Control Plan	
A copy of the current Public Liability Insurance Policy	
Written Pre-Lodgement Design Advise from Council (if applicable)	
Any additional supporting documents	
A copy of any related works on Local Government Controlled Roads Permit or permit application (if applicable)	

### **SECTION 6: DECLARATION & SIGNATURE**

As a condition and in consideration of the granting of this Application for a "Traffic Control Permit", the Applicant agrees to indemnify Cloncurry Shire Council, its officers, employees and agents against any liability, loss, damage, claim, suite, action, demand, debt judgement or legal proceedings ("the Claims"). The Applicant further indemnifies Cloncurry Shire Council against any costs and expenses in connection with defending, settling or responding to such Claims (including legal costs and expenses) in respect of any loss of life or injury (including

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No



illness) to any person or loss of or damage to any property, howsoever arising that may be brought by any person or corporation against Cloncurry Shire Council, its officers, employees and agents arising directly or indirectly in connection with the granting of the "Traffic Control Permit", to the Applicant.

I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.

Note: Providing false information may render you liable to legal action.

	•	-			
Applicant's full name					
Applicant's signature			Date	/	/

# **SECTION 7: APPLICATION LODGEMENT**

Applications may be lodged as follows:

By email:	<u>council@cloncurry.qld.gov.au</u> – scanned copy with signatures only
By post:	Mail to Cloncurry Shire Council, PO Box 3, CLONCURRY QLD 4824
By fax:	(07) 47 421 712
Pay in person:	At Cloncurry Shire Council Administration Centre,
	38-46 Daintree Street, Cloncurry
Enquires phone:	(07) 47 424 100

COUNCIL USE ONLY	
Name	Date received:
Signature	
Reference number	
Amount paid	
Receipt no	