

Application No

Property Details

Owner's Name

Postal Address

Contact Telephone No Fax No

Agent Name

Postal Address

Contact Telephone No Fax No

Send permit to: Owner Agent

Site Location

Street/Rapid No Road Name.....

Town or Locality

Legal Description Valuation No

Contractor/Traffic Management Plan Details

Name of person/firm constructing the crossing

Name of person controlling traffic management

Postal Address

Contact Telephone No Fax No

A Traffic Management Plan showing how the site will be managed must be provided for approval with the application. The Application Fee of \$450.00 must be paid before it can be processed.

Crossing Required

Location

Urban Rural

Intended Use

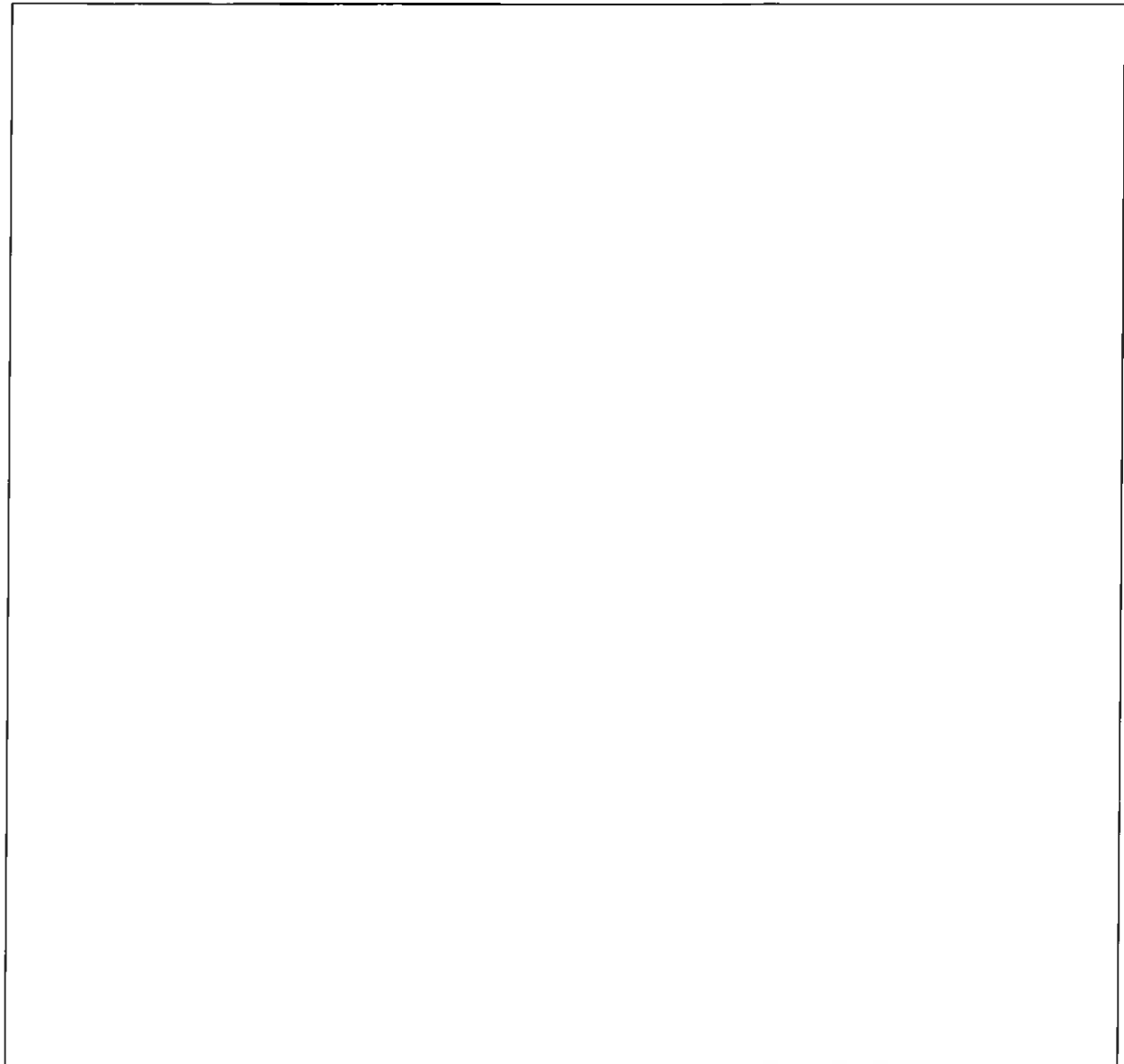
Residential Commercial Other (please specify).....

Adjacent Road is:

Sealed with kerb and channel Sealed with no kerb and channel Metalled

Signed by Owner/Agent: Date:

File:



| | |
|---|---|
| Property Description: | Please show the following: <ul style="list-style-type: none"> • Roads • Property boundaries • Location of entranceway – including distances from boundaries & adjacent numbered property entrances • Other identifiable land marks, buildings etc |
| Road Name: | |
| Map Showing Location of Vehicle Crossing | |

Office Use Only

Receipt No: Date:

Traffic Management Plan Form

| | | | | |
|---|---|-----------------------------------|--|----------------|
| Traffic Management Plan Reference | Office Use Only | | | |
| Organisation | Contractors | | Applicant | |
| Contract Name and/or Number | | Road Level (LV, 1,2,3) | Speed Limit | From RP |
| | | LV | | From RP |
| Location | Road Name(s) | | | |
| Description of Activity | | | | |
| Work Programme | State the work you are doing (e.g. vehicle entrance construction) | | | |
| Proposed/Restricted Work Hours | Hours you plan to spend working on the crossing (e.g. 8.30am – 4.00pm) | | | |
| Traffic Details (Main Route) | AADT | | Peak Hour Flow (e.g. 6.30am-10.00pm, 4.30pm-5.30pm) | |
| | | | | |
| Proposed Traffic Management Method | Active: equipment you will use (eg. cones, appropriate signs, road marshal) | | | |
| | Unattended: what will you do if you have to leave the site unattended. (e.g. barriers, cones) | | | |
| | Night: what will you do if you have to leave the site overnight (e.g. barriers, cones, lights) | | | |

| | | |
|---|--|----------------------|
| Contingency Plans | | |
| Personal Safety | | |
| Traffic Controllers | Name (STMS) Certificate Number | Telephone (24 hours) |
| | Name (STMS) Certificate Number | Telephone (24 hours) |
| TMP prepared accurately to represent site conditions and submitted by | Contractor/Applicant Certificate Number | Date |
| Requires Amendment | Engineer | Date |

This Traffic Management Plan is to be completed by a registered Safety Traffic Management Supervisor (STMS). Please note that this application will be rejected if not completed correctly.

This Traffic Management Plan is approved on the following basis:

1. That Council's Engineer has inspected the Traffic Management Plan and confirms that it meets the requirements of Transit New Zealand's Code of Practice for Temporary Traffic Management.
2. The plan is approved on the basis that the activity, location and road environment have been accurately provided by the applicant. Any information provided in this Traffic Management Plan is the responsibility of the applicant. The Safety Traffic Management Supervisor (STMS) duty is to postpone, cancel or modify operations due to the adverse traffic, weather or other conditions that affect the safety of this site.

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|----------------------------|--------------------------|
| <i>For Office Use Only</i> | |
| Approving Engineer:..... | Certificate Number:..... |
| Signature:..... | Date: |

