

**NEW ROADS & STREET WORKS ACT 1991 SECTION 50
APPLICATION FOR THE GRANT OF A STREET WORKS LICENCE**

To be completed in block capitals, for guidance please refer to SWL1

SECTION 1 – APPLICANT / REGISTERED COMPANY NAME

NAME : _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE No: _____

COMPANY NUMBER (if applicable) _____

DECLARATION BY OWNER OF THE APPARATUS

I confirm that the details above are complete and correct and I agree to execute the Works under this Licence in accordance with the New Roads and Street Works Act 1991 and associated legislation, Codes of Practice and Specifications together with any conditions imposed by Cumberland Council as the Street Authority.

I acknowledge my statutory duty to pay the inspection fees including any defect inspection fees and the cost of any necessary remedial works carried out by the Street Authority. I also acknowledge my statutory duty to pay any Section 74 overrun charges should the street works be unreasonably prolonged.

I hereby declare that I have read and understood the attached Licence document SWL3 and requirements of the New Roads and Street Works Act 1991 detailed in the guidance notes document SWL1 and agree to indemnify Cumberland Council as Street Authority in accordance with Clause 4 of the attached Licence document SWL3.

I will pay the amount in respect of the fees referred to in SWL3, clause 5 when requested (please see Cumberland Council's web site for the current fees and charges – www.Cumberland.gov.uk).

Signed by the Owner of the Apparatus: _____

Print Name: _____

SECTION 2 – STREET WORKS (detailed plans must be submitted with this application form)

Address of property served by apparatus: _____

Postcode: _____

Full description of apparatus: _____

Full description of the works: _____

Street & town in which works are to be carried out: _____

Start Ref: Easting: _____ Northing: _____

End Ref: Easting: _____ Northing: _____

Position: verge / footway / carriageway

Proposed start date: _____

(we require 8 weeks' notice)

Proposed end date: _____

SECTION 3 – DETAILS OF THE CONTRACTOR CONDUCTING THE WORKS

Company Name: _____	
Company Address: _____ _____ _____	
Postcode: _____ Tel: _____	
Email address: _____	
Name of Site Supervisor	Out of Hours Contact Number
Name of Operative	Working Hours Contact Number
Name of Operative (if applicable)	Working Hours Contact Number

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION

- A location plan (preferably OS Extract Scale 1:2500) should be supplied with this application to show the location of the apparatus to be installed.
- **Your authorisation from the relevant utility company/Cumberland Council to connect into their services.**
- A copy of your contractors' public liability cover.
- A copy of their up-to-date street works accreditation or equivalent for the supervisor.
- A copy of their up-to-date street works accreditation or equivalent for the operative/s (we require at least one out of every three operatives who will be working on site).



**Highways Depot
Joseph Noble Road Lillyhall
Workington
Cumbria CA14 4JH
0300 373 3736
cumberland.gov.uk**

Please return your application to the address above or email to

streetworks@cumberland.gov.uk

If you have any questions/queries regarding your application, then please email or call the highways hotline on 0300 373 3736.