

**OPERATIONAL SERVICES – ROADS MAINTENANCE**

**Application for a permit to occupy the road in connection with a public event**

**Section 59 Roads (Scotland) Act 1984**

**\*** required information

**Section 1 of 9**

**Applicant Details**

**\*** First name

**\*** Surname

**\*** E-mail

Telephone number

**Applicant Business**

**\*** Your position in the business

**Business Address**

**\*** Building number or name

**\*** Street

**\*** City or town

**\*** Postcode

**Section 2 of 9**

**LOCATION OF THE SITE TO BE OCCUPIED**

**Building or Site Address**

**\*** Building number or name

**\*** Street

**\*** City or town

**\*** Postcode

**Location Details**

**\***Give a 12 figure Ordnance Survey (National Grid) reference

Easting Northing

**\*** Describe the exact location of the site to be occupied

**\*** Part(s) of the road you propose to occupy (please check all that apply)

Carriageway (non-traffic sensitive) [ ]

Carriageway (traffic sensitive) [ ]

Verge [ ]

Footway [ ]

Other [ ]

**Section 3 of 9**

**TYPE OF PUBLIC EVENT PROPOSED**

**\*** Provide details of the event proposed and reason the road needs to be occupied

**Section 4 of 9**

**NATURE OF OCCUPATION (attach copy of scale plan to application)**

**Width of the road where the event is to take place (in metres)**

Carriageway

Footway

Verge

**Dimensions of proposed area of occupation (in metres)**

**\*** Length

**\*** Width

A scale plan of the site showing the location of the proposed event on the road must be attached with this application.

**Section 5 of 9**

**PERIOD OF OCCUPATION**

State when you want to occupy the road. NB. Notice periods are as per Transport (Scotland) Act 2005

**\*** Start date

Click here to enter a date.

Click here to enter a date.

**\*** End date

**TRAFFIC CONTROL**

**\*** What form of traffic control do you intend to use?

No traffic control necessary [ ]

Give and take [ ]

Stop/Go boards [ ]

Temporary traffic signals\* [ ]

Priority flow [ ]

Road closure\* [ ]

\*N.B. A separate application will be required for temporary traffic signals or road closure

**Section 6 of 9**

**EMERGENCY CONTACT DETAILS**

**\*** Contact name

**\*** Company/organisation

**\*** 24 hour emergency

Telephone number

**Section 7 of 9**

**PUBLIC LIABILITY INSURANCE**

You must have a suitable level of public liability insurance to cover this activity

**Section 8 of 9**

**ADDITIONAL DETAILS**

Provide any additional information which is required or relevant to your application

**Section 9 of 9**

**DECLARATION**

\* I am aware of the provisions of the Roads (Scotland) Act 1984. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

[ ] Ticking this box indicates you have read and understood the above declaration

**\*** Full name

**\*** Capacity

Click here to enter a date.

Date