Works Within Road Reserves

This notification / application is provided in accordance with -

1. Road Management Act 2004, Schedule 7

2. Road Management (Works and 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)

Type: 1. Notification of proposed works or Date: / / 20											
Type:			Date:	/ / 20							
(Strike out not applicable items) 2. Application for consent or				CRA	Ref:						
3. Notification of completed works					Your Ref:						
	ıth Gippsland Shire Cour		Fee:								
	mith Street (Private Bag			(ONLY for "Application \$							
Authority) Ph:	(03) 5662 9268 Fax: (03)	5662 3754	I	for Consent")							
From:			Role:								
(Applicant's Name)			<u>IMPORTANT</u>	PORTANT 2. Agent for Utility or							
Address:		Select the									
(Applicant's		ROLE that	OLE that 4. Agent for KKA or 5. Telecommunications Carrier o								
address)		best describes		Telco' Carrier or							
City/Town:		YOU!	7. MFB or C								
State:		Postcode:	Strike out not		MFB or CFA or						
		1 osteoue.	applicable items)			9. Private Contractor/Other					
Contact person:			Te	elephone (BH):							
eMail address:				Facsimile:							
			Mobile or A	AH Telephone:							
				•							
DETAILS of	WORK										
Work type:	1. Service connection or	Wo	rk hours: fron	n	am to	am					
(Strike out not	2. Supply extension or	<u> </u>	1		pm	pm					
applicable items)	3. Minor works or	Start	/ /	20	End date:	// 20					
	4. Other works	date:			uaic.						
Address: City/Town:											
Map:	 Melways or VicRoads Country Di 		dition	Map No.:		Grid					
(Strike out not applicable item)	No.:		refer	ence:							
Nearest Intersection: (Name of Road)											
Distance to Neares	et .	m or	Dire	ction to Nearest	Intersection	North South					
Intersection:			irection to Nearest Intersection: e out not applicable items) → North East West								
Other road(s) /	**										
asset(s) affected:											
Location of utility											
assets: *											
Description of work	·ks:										
Works Manager	Details (the person or bo	ody who was/will l	be responsible f	for conducting th	ese works):						
Works Manager Details (the person or body who was/will be responsible for conducting these works): Contractor: Company name:											
(Yes/No)											
Address:											
City/Town:			State:		Postcode:						
Contact person: Telephone (BH):											
eMail address:	eMail address: Facsimile:										
Mobile or AH Telephone:											
TEMPORAR		uired?	End date:	, ,	00	time: am					
REINSTATE		Yes/No)		//2	20	pm					
Details:	LIAMITE II										

^{*} 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

^{**} Include details of assessment of relevant risks and proposed mitigation measures

PERMANENT		Required? (Yes/No)	End date:		//20		time:	am pm					
REINSTATEMENT													
Details:													
Contractor: (Yes/No)	Company name:											
Address:													
City/Town:		State: Postcode:											
Contact person:		Telephone (BH):											
eMail address:		Facsimile:											
			Mobile o	Mobile or AH Telephone:									
TRAFFIC IMPACT #													
1. Will a Traffic Management Plan be in operation during the proposed works? (Yes / No)													
(Note: refer s99A of the Road Safety Act 1986 and Code of Practice for Worksite Safety – Traffic Management) 2. Will major traffic control devices requiring a "Memorandum of Consent" 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 (a) require deviation of vehicular traffic into on-coming traffic lane? (Yes / No)													
works:		d in a clearway when i											
4 Will closure of the		d on, partly on or affect the road to vehicular				(Yes / No	0)						
7. Will closure of the		s period of more than 1											
j.		4 hours in a 7 day peri	od? (Yes/N	o)									
5. If "Yes" to either		n what is: of traffic lanes to be cl	nsed?										
		f traffic lane to be close		indicate	e with m for m	etres or kn	n for kilometres)					
1.		traffic lane to be close											
6. Please provide any other relevant traffic information, including impact on pedestrians (including provision for people with disabilities), cyclists and public transport:													
CONSULTAT	ION #												
		er(s) and/or affected	I	Date:	/ /	20	Is affected? (access					
members of the com Mitigation plan:	munity? (Yes/No	0)					affected? (Yes/No)					
ASSETS of OT	HER PART	TES/AUTHORIT	TIES AFF	ЕСТ	ED ***	#							
Owner:	ILKIAKI	Long	ILO AIT		LD		Consulted?						
Asset(s):							(Yes/No)						
Effect:													
Minimisation													
plan: Owner:							Consulted?						
Asset(s):							(Yes/No)						
Effect:													
Minimisation													
plan: Owner:							Consulted?						
Asset(s):							(Yes/No)						
Effect:													
Minimisation plan:													
1													

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

[#] Not required for Notification of Completed Works