

	<b>TRAFFIC MANAGEMENT</b> <b>Temporary Road Closure Application</b> <b>DCSB-20 Form 03</b> <b><u>FORM</u></b>	<b>Record ID:</b>	
		<b>File Number:</b>	
		<b>Version No:</b>	2.0
		<b>Issued</b>	December 2015
		<b>Next Review</b>	December 2016

**FOR APPLICANT TO COMPLETE**

Please complete this form in **BLOCK LETTERS** and return to:  
**Infrastructure Services Department**  
**District Council of Streaky Bay**  
**PO Box 179, Streaky Bay SA 5680**  
**Phone: (08) 86261001      Facsimile: (08) 86261196 Email: [dcstreaky@streakybay.sa.gov.au](mailto:dcstreaky@streakybay.sa.gov.au)**

**Terms and Conditions**

Please be aware that submitting in this form you are agreeing to comply with the conditions of approval imposed by Council and/or SAPOL. These may include but are not limited to:

- Provision of an event management plan
- Provision of a Traffic Management Plan prepared by a suitably qualified professional
- Payment of all costs for advertising the event to meet the requirements of the Road Traffic Act and Council
- Provision of road traffic signs and devices
- Cost of reinstatement
- Provision of a public liability insurance certificate to Council's satisfaction
- Proof of consultation with affected parties

Please note that lead time of 3 months is usually a minimum timeframe in order to fulfil all of the requirements for road closures. Please lodge this application as early as possible.

**Event details**

Event Name Description: \_\_\_\_\_

Event Purpose: \_\_\_\_\_

Event Location: \_\_\_\_\_

Date time: From: \_\_\_\_\_ am  pm

To: \_\_\_\_\_ am  pm

Estimated Attendance: \_\_\_\_\_

**Applicant Details**

Organisation Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: Business \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Is there a website from which further information about the event may be obtained? Yes  No

If yes, website address: \_\_\_\_\_

### Details of Proposed Road Closure

Name/s of road/s to be closed

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Date of road/s closure From \_\_\_\_\_ To \_\_\_\_\_

Time of road/s closure From \_\_\_\_\_ To \_\_\_\_\_

### Details of Traffic Control Devices and Closure Signage

Traffic control devices and signage being hired from: *(specify name of company/or Council)*

\_\_\_\_\_

Traffic control devices and signage to be supplied by Council: Yes

Do you have accredited trained traffic personnel Yes  No

Council to supply accredited trained traffic personnel Yes

Attached a traffic management signage plan in accordance with the DPTI Guidelines Yes  No

### Details of Reasons for Road Closure

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Payment of Costs for Road Closure

*(specify Council or Applicant to pay for associated costs)*

Advertising Council  Applicant

Traffic Control Devices Council  Applicant

Accredited Staff Council  Applicant

**Map** (illustrate map below of road closure details or attach)

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- I have read, understood & agreed to the Policy Guidelines under which this application is issued
The applicant agrees to take out and keep current during the period of the road closure public liability insurance of not less than \$10 million dollars if not please provide reasons
The applicant agrees that they shall be responsible for the safety of event participants at all times. Council will not accept liability for any personal injury, loss or damage that may occur to participants or other third parties or their property as a result of the staging of the event.

Name: Date:

Signature:

FOR OFFICE USE ONLY

- Applicant application acknowledged and application entered into records Record ID:
Application allocated to Senior Management within Infrastructure Services for initial assessment

COUNCIL OFFICER ASSESSMENT

Is assessing officer requires further information please refer to LGA Road Closure (temporary) Guidelines January 2015

Assessment Undertaken By (Name and Position):

Date:

- Closure Deemed Applicable Yes No
Roads for Closure Deemed Acceptable Yes No
Event Management Plan Required Yes No Council Applicant
Traffic Management Plan Required Yes No Council Applicant
Risk Assessment Required Yes No Council Applicant
Letter Drop to Local Residents Required Yes No Council Applicant

Are a variation to the Australian Road Rules required as a result of this application Yes No

If Yes... an agreement from the Commissioner of Highways must be sought

If further information is required from the applicant and ticked yes above, has correspondence/contact been made to request information Yes No Date:

Further information and/or documentation received Yes No Date:

Road Closure is recommended for Approval Yes No Date:

If no list reasons below;

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Extra Conditions required for Approval Yes  No

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Recommend Council pay fees and charges Yes  No  (Applicant to Pay)  
If yes: GL Account:..... Amount \$..... Budgeted Yes  No

**Forward Application to Chief Executive Officer for Approval**

**CHIEF EXECUTIVE OFFICER APPROVAL**

*Instrument Of General Approval and Delegation to Council: Use of Traffic Control Devices, Road Closure and Granting Exemption for Events, is delegated to the CEO and cannot be sub-delegated.*

Recommend Council pay fees and charges Yes  No  (Applicant to Pay)

Application approved Yes  No

Approved By (Name and Position):.....

Signature:.....

Date:.....

**Approval to be forwarded to assessing officer for further actioning**

**SAPOL NOTIFICATION**

*Council is required to notify SAPOL and the Commissioner of Highways at least two weeks prior to the event date (if it is deemed necessary to advise SAPOL before CEO approval please mark on form appropriately), this form should also be used if Council denies an application for a road closure.*

**Complete Form XXX (SAPOL Notification)**

**FEES & CHARGES (if Applicable)**

- Advertising \$.....
- Traffic Control Devices Hire/Purchase: \$.....
- Traffic Control Set Up \$.....

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Debtor and Invoice Completed Yes  No  Debtor Officer

Signature:.....

**APPLICANT NOTIFICATION**

*Copy of Application signed by CEO and Invoice sent to applicant.*

**ADVERTISING**

*Advertising must be commence at least two weeks prior to the event*

Advertised in Sentinel      Yes  No   
Advertised in Criterion      Yes  No   
Letter drop completed      Yes  No  (if required)

**ROAD CLOSURE SET UP**

*To be completed if Council establishing the road closure*

Staff Undertaking the Road Closure:

- 1. \_\_\_\_\_ WZTM Number: \_\_\_\_\_
- 2. \_\_\_\_\_ WZTM Number: \_\_\_\_\_
- 3. \_\_\_\_\_ WZTM Number: \_\_\_\_\_

Copy of traffic management Plan attached    Yes  No

Copy of form [DCSB 20 Form 05 WorkZone Traffic Management Daily Diary & R-A.docx](#) printed for completion