

TEMPORARY ROAD CLOSURE

RECORD NO :
FILE NO : 20.71.2.6

PERMIT APPLICATION

PURSUANT TO SECTION 33 OF THE ROAD TRAFFIC ACT 1961

Where an event means that the road needs to be closed and participants are to be exempt from the relevant road traffic acts, then Council or an authorised officer can act under the *Instrument of General Approval and Delegation to Council*.

Council's Infrastructure Department on (08) 8828 1200 or email info@coppercoast.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 a Major Event Permit Application / 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;
- Provision of a public liability insurance certificate to Council's satisfaction;
- Proof of consultation with affected parties.

| APPLICANT | | | |
|---------------------|--|------------------|--|
| NAME | | | |
| NAME OF EVENT | | | |
| ADDRESS | | POSTAL | |
| MOBILE PHONE | | ALTERNATE NUMBER | |
| EMAIL | | | |
| ADDRESS OF PROPOSAL | | | |

| DETAILS | | | | | |
|-------------------|--|---------|--|------------|--|
| ROAD/STREET NAMES | | CLOSURE | | RE-OPENING | |
| 1 | | DATE | | DATE | |
| | | TIME | | TIME | |
| 2 | | DATE | | DATE | |
| | | TIME | | TIME | |
| 3 | | DATE | | DATE | |
| | | TIME | | TIME | |
| 4 | | DATE | | DATE | |
| | | TIME | | TIME | |
| 5 | | DATE | | DATE | |
| | | TIME | | TIME | |
| 6 | | DATE | | DATE | |
| | | TIME | | TIME | |

| TRAFFIC MANAGEMENT PLAN | | | |
|--|------------------------------|------------------------------|--|
| HAS A TRAFFIC MANAGEMENT PLAN BEEN DEVELOPED FOR THIS EVENT? (Guidance can be provided by Council with the development of the plan if required) | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PARKING CONSIDERATIONS | <input type="checkbox"/> N/A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| EMERGENCY VEHICLES | <input type="checkbox"/> N/A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| KEY STAKEHOLDERS | <input type="checkbox"/> N/A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DISABLED | <input type="checkbox"/> N/A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| GENERAL PARKING | <input type="checkbox"/> N/A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| OVERSPILL | <input type="checkbox"/> N/A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| BUSES | <input type="checkbox"/> N/A | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| OTHER (Please describe) | | | |
| COPY OF THE TRAFFIC MANAGEMENT PLAN ATTACHED? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| ROAD CLOSURE/TRAFFIC MANAGEMENT CHECKLIST | | | |
|---|--|--|---------|
| It is the applicants' responsibility for arranging and meeting the costs of preparing and implementing certain requirements for road closures. Please see below information that must be provided to Council with this application. | | | |
| REQUIREMENT | DESCRIPTION | DETAILS SUPPLIED TO COUNCIL | COMMENT |
| TRAFFIC MANAGEMENT PLAN | A Traffic Management Plan of the area and closure, depicting the placement of traffic control devices, warning signs and detours must be supplied to Council. The Traffic Management Plan must be prepared by a suitably qualified professional, who in the opinion of the Council has an appropriate level of knowledge and expertise in the preparation of Traffic Management Plans. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | |
|-------------------------------------|--|--|--|
| TRAFFIC CONTROL DEVICES AND SIGNAGE | Traffic Control Devices and Signage must be used and managed by accredited trained traffic personnel. All details on Traffic Control Devices and Signage must be supplied to Council including the Company name of which devices and signage are being hired from and their accreditation details. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PUBLIC LIABILITY INSURANCE COVER | A copy of Public Liability Insurance Certificate of Currency for a minimum of \$10 million for the event is required for all third party organisations involved with the road closure e.g. traffic management personnel, etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ADVERTISING | Details of any road closures must be advertised appropriately at least two clear days prior to the closure. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Notice of the closure must appear within one newspaper circulating within the area of the Council. Proof of advertising and payment details must be supplied to Council. Note: Advertising Details below for full details on advertising requirements.

Please Note: After Council approval is given for road closure/traffic management application/s, Council will provide advice of closure details to the following: Commissioner of Highways, Commissioner of Police, Emergency Services, Traffic Control Centre, Department Infrastructure Transport (North).

Advertising Requirements

It is the applicant's responsibility for arranging and meeting the costs of preparing and implementing certain requirements for road closures, this includes advertising the road closure.

Details of any road closures must be advertised appropriately at least two clear days prior to the closure.

Notice of the closure must appear within one newspaper circulating within the area of the Council. Proof of advertising and payment details must be supplied to Council.

| DECLARATION | | | |
|--|--|------|--|
| I acknowledge that I have read, understood and agree to comply with the Terms and Conditions for and on behalf of the event organiser. | | | |
| SIGNATURE | | DATE | |

| OFFICE USE ONLY | | | |
|------------------------|--|-----------|--|
| APPROVED | <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE | |
| AUTHORISED OFFICER | | | |
| POSITION | | SIGNATURE | |