

# Application for road closure

## When to use this form

Use this form if you need to close a road to undertake works or if you are having an event that requires the road to be closed.

For your application to be considered please provide the supporting documents listed below:

- Traffic Management Plan (or explanation for an exemption)
- Safe Work Method Statement (prepared as required by the *Work Health and Safety Act 2013*)
- Certificate of Currency for public liability insurance in the name of the individual or company making this application.

**It is important to note if the road to be closed is a main road or if the closure is within peak periods your application needs to be submitted with a suitable timeframe for assessment based on the scale of the proposal. Applications with an insufficient timeframe may not be accepted.**

As fees do apply please make sure you have completed the details for the person responsible for payment (if different to the applicant's details). Payment of fees will be required before a permit will be issued. The City will contact you to advise the required fees and how payment can be made.

## Applicant details

Are you applying as an individual or a company? (Select 1 option) Required

- individual
- company

Complete this field if you selected 'individual' in *Applicant details: Are you applying as an individual or a company?*

First name Required

Complete this field if you selected 'individual' in *Applicant details: Are you applying as an individual or a company?*

Last name Required

Complete this field if you selected 'company' in *Applicant details: Are you applying as an individual or a company?*

**Company name** Required

**Email address** Required

**Telephone number** Required

**Street address** Required

**Is this your postal address? (Select 1 option)** Required

- yes
- no

Complete this field if you selected 'no' in *Applicant details: Is this your postal address?*

**Postal address** Required

Complete this field if you selected 'individual' in *Applicant details: Are you applying as an individual or a company?*

**Are you the contact person? (Select 1 option)** Required

- yes
- no

**Who is paying the fees? (Select 1 option)** Required

- contact person
- applicant
- other

Complete this field if you selected 'yes' in *Applicant details: Are you the contact person?*

**Preferred contact method (Select 1 option)** Required

- email
- telephone
- Australia Post

Complete this section if you:

- selected 'no' in *Applicant details: Are you the contact person?*

Or if you:

- selected 'company' in *Applicant details: Are you applying as an individual or a company?*

## Contact person details

**First name** Required

**Last name** Required

**Email address** Required

**Telephone number** Required

**Street address** Required

**Is this your postal address? (Select 1 option)** Required

- yes
- no

Complete this field if you selected 'no' in *Contact person details : Is this your postal address?*

**Postal address** Required

**Preferred contact method (Select 1 option)** Required

- email
- telephone
- Australia Post

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## Fee payment

Complete this field if you selected 'other' in *Applicant details: Who is paying the fees?*

**Contact name of person who will be paying fees** Required

Complete this field if you selected 'other' in *Applicant details: Who is paying the fees?*

**Email address** Required

Complete this field if you selected 'other' in *Applicant details: Who is paying the fees?*

**Telephone number** Required

Complete this field if you selected 'other' in *Applicant details: Who is paying the fees?*

**Street address** Required

Complete this field if you selected 'other' in *Applicant details: Who is paying the fees?*

**Is this your postal address? (Select 1 option)** Required

yes

no

Complete this field if you:

- selected 'no' in *Fee payment: Is this your postal address?*

Or if you:

- selected 'other' in *Applicant details: Who is paying the fees?*

**Postal address** Required

**Your purchase order number (for inclusion on invoice - leave blank if you do not have a purchase order)** Required

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## Application details

**Why are you requesting the road to be closed? (Select 1 or more options)** Required

- to comply with Construction Industry Codes of Practice, it is not practical to keep the road open to traffic during works.
- the event cannot be held without the road being closed.
- other

Complete this field if you made a selection that includes 'other' in *Application details: Why are you requesting the road to be closed?*

**Please provide details** Required

## Detail of closure

**Please provide a description of what you would like to do** Required

**Start date** Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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**End date** Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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**Time(s) required** Required

**Location (road to be closed)**

**Street number (or other location e.g. Princes Park)** Required

**Street name** Required

**Suburb** Required

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**Supporting documentation**

**Do you have a Traffic Management Plan or an exemption? (Select 1 option)** Required

yes

no

Complete this field if you selected 'no' in *Supporting documentation: Do you have a Traffic Management Plan or an exemption?*

**Please explain why** Required

Complete this field if you selected 'yes' in *Supporting documentation: Do you have a Traffic Management Plan or an exemption?*

**Please provide the qualified operator's certificate number** Required

As part of your application please make sure you have attached your supporting documentation as required below.

**Traffic Management Plan/exemption** Required



Please attach all files to the end of this form before submitting it.

**Safe Work Method Statement (prepared as required by the Work Health and Safety Act 2013)** Required



Please attach all files to the end of this form before submitting it.

**Certificate of Currency (for public liability insurance)** Required



Please attach all files to the end of this form before submitting it.

**Attach any other documents, plans or images that may support your application**



Please attach all files to the end of this form before submitting it.

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## Indemnity and declaration

### Indemnity statement

a. If a permit is issued by the Council as requested by this application then the applicant is responsible for and indemnifies and will keep Council and each of Council's officers, employees, agents and contractors (Indemnified Persons) indemnified in respect of any claim, demand, action, damage, loss, liability, cost, charge, expense, outgoing or payment which Council or any of the Indemnified Persons pay, suffer, incur or are liable for as a consequence of or arising directly or indirectly from any or all of the following:

(i) any breach or failure to comply with the conditions of the permit by the applicant and/or the applicant's employees, agents, contractors or invitees;

(ii) any unlawful, wilful or negligent act or omission of the applicant and/or the applicant's employees, contractors, agents or invitees;

(iii) any event, circumstance, matter or thing being at any time found to be other than as warranted or represented by the applicant, whether in the application, the permit or otherwise.

b. By making this application, the applicant is offering to be bound by this indemnity and this may be relied upon by the Council as a binding agreement if a permit is granted.

c. This agreement to indemnify does not merge on the expiry or cancellation of the permit, and the applicant will remain bound by the indemnity after the permit has expired or has been cancelled.

### Declaration

**I have attached the following documents as part of my application: (Select 1 or more options)** Required

Traffic Management Plan (or explanation for an exemption) Required

Safe Work Method Statement (prepared as required by the Work Health and Safety Act 2013) Required

Certificate of Currency Required

**In making this application: (Select 1 or more options)** Required

I am aware the work to be done will most likely be high risk work for the purposes of the Work Health and Safety Act 2012. Required

I declare that the information and attachments I have provided are true and correct and I agree to comply with all clauses of the indemnity statement outlined above. Required

As required by the Department of State Growth instruction 'Traffic Control for Works on Roads - Tasmanian Guide 2014' the Traffic Management Plan that I have attached has been prepared/certified by a suitably qualified person with current training in 'Prepare Work Zone Traffic Management Plan' and 'Apply Risk Management Processes' (for complex proposals). Required

I am duly authorised to sign on behalf of the organisation or business named as the applicant (if applicable).

I agree that by typing my name below I have signed this application. Required

**Name of signatory** Required

**Date** Required

(submitting online? Use the calendar icon on the right to select the date)

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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

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*End of form*

*Don't forget to attach all files before submitting this form*