

Works Within Road Reserves

Version: 22-03-2006

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)

GENERAL INFORMATION

Type: (Strike out not applicable items)	1. Notification of proposed works or		Date: / / 20	
	2. Application for consent or		CRA Ref:	
	3. Notification of completed works		Your Ref:	
To: (Coordinating Road Authority)	City of Monash		Fee: (ONLY for "Application for Consent") \$	
From: (Applicant's Name)			Role: IMPORTANT Select the ROLE that best describes YOU! (Strike out not applicable items)	1. Utility or 2. Agent for Utility or 3. Responsible Road Authority or 4. Agent for RRA or 5. Telecommunications Carrier or 6. Agent for Telco' Carrier or 7. MFB or CFA or 8. Agent for MFB or CFA or 9. Private Contractor/Other
Address: (Applicant's address)				
City/Town:				
State:	Postcode:			
Contact person:			Telephone (BH):	
eMail address:			Facsimile:	
			Mobile or AH Telephone:	

DETAILS of WORK

Work type: (Strike out not applicable items)	1. Service connection or		Work hours: from		am	to	am
	2. Supply extension or		Start date:	__ / __ / 20__	pm	End date:	__ / __ / 20__
3. Minor works or		4. Other works					
Address:				City/Town:			
Map: (Strike out not applicable item)	1. Melways or		Edition No.:	Map No.:	Grid reference:		
	2. VicRoads Country Directory						
Nearest Intersection: (Name of Road)							
Distance to Nearest Intersection:		m or km	Direction to Nearest Intersection:			North East	South West
← (Strike out not applicable items) →							
Other road(s) / asset(s) affected:							
Location of utility assets: *							
Description of works: **							
Works Manager Details (the person or body who was/will be responsible for conducting these works):							
Contractor: (Yes/No)	Company name:						
Address:							
City/Town:	State:	Postcode:					
Contact person:	Telephone (BH):						
eMail address:	Facsimile:						
			Mobile or AH Telephone:				

TEMPORARY REINSTATEMENT #	Required? (Yes/No)	End date:	__ / __ / 20__	time:	am pm
Details:					

* 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 REINSTATEMENT	Required? (Yes/No)		End date:	__/__/20__	time:	am pm
Details:						
Contractor: (Yes/No)		Company name:				
Address:						
City/Town:			State:	Postcode:		
Contact person:			Telephone (BH):			
eMail address:			Facsimile:			
			Mobile or AH Telephone:			

TRAFFIC IMPACT #	
1. Will a Traffic Management Plan be in operation during the proposed works? (Yes / No) <small>(Note: refer s99A of the Road Safety Act 1986 and Code of Practice for Worksite Safety – Traffic Management)</small>	
2. Will major traffic control devices requiring a VicRoads “Memorandum of Consent” be used? (Yes / No) <small>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)</small>	
3. Will the works:	(a) require deviation of vehicular traffic into on-coming traffic lane? (Yes / No)
	(b) be conducted in a clearway when in operation? (Yes / No)
	(c) be conducted on, partly on or affect a bridge or other structure? (Yes / No)
4. Will closure of the road or part of the road to vehicular traffic be required for:	
(a) a continuous period of more than 12 hours? (Yes / No)	
(b) more than 24 hours in a 7 day period? (Yes / No)	
5. If “Yes” to either 4(a) or 4(b), then what is:	
(a) the number of traffic lanes to be closed?	
(b) the length of traffic lane to be closed (1 st lane) (indicate with m for metres or km for kilometres)	
(c) the length of traffic lane to be closed (2 nd lane) (indicate with m for metres or km for kilometres)	
6. Please provide any other relevant traffic information, including impact on pedestrians (including provision for people with disabilities), cyclists and public transport:	

CONSULTATION #	
Adjoining property owner(s)/occupier(s) and/or affected members of the community? (Yes/No)	Date: __/__/20__
Mitigation plan:	Is access affected? (Yes/No)

ASSETS of OTHER PARTIES/AUTHORITIES AFFECTED *** #	
Owner:	Consulted? (Yes/No)
Asset(s):	
Effect:	
Minimisation plan:	
Owner:	Consulted? (Yes/No)
Asset(s):	
Effect:	
Minimisation plan:	
Owner:	Consulted? (Yes/No)
Asset(s):	
Effect:	
Minimisation plan:	

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

Not required for Notification of Completed Works

Signature of Applicant:

Date: