**APPLICATION TO PLACE BUILDERS SKIP ON THE HIGHWAY  
New Roads and Street Works Act 1991, Section 139**

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| --- | --- | --- | --- | --- |
| **CONTACT DETAILS** | | | | |
| **COMPANY NAME & ADDRESS:** Type here | | **CONTACT NAME:** Type here | | |
| **DAYTIME TEL NO.:** Type here | | |
| **OUT OF HOURS CONTACT NAME:** Type here | | |
| **E-MAIL:**  Type here | | **OUT OF HOURS TEL NO.:** Type here | | |
| **LOCATION DETAILS OF SKIP** | | | | |
| **PROPERTY NAME / NUMBER:** Type here | | | | |
| **ROAD NAME:** Type here | | | | |
| **TOWN:**  Type here | | **POST CODE:**  Type here | | |
| **SKIP DETAILS** | | | | |
| **START DATE:** Select date | | **END DATE:** Select date | | |
| **Will the skip be on the carriageway, footway or verge?** | | | Choose an item. | |
| **Is this a roll on / roll off skip?** | | | Choose an item. | |
| **SITE DETAILS** | | | | |
| **Is the skip on a one-way street?** | | | Choose an item. | |
| **Does the street / road have street lighting?** | | | Choose an item. | |
| **Are there any waiting or parking restrictions on the street?** | | | Choose an item. | |
| **Will a rubbish chute be attached to the structure?** | | | Choose an item. | |
| **Are there any traffic signals or pedestrian crossings close to the skip?** | | | Choose an item. | |
| **DECLARATION** | | | | |
| **I / we confirm that the Skip Guidance Notes have been read and understood** | | | | |
| **SIGNATURE:** Type here | **PRINT NAME:** Type here | | | **DATE:** Select date |