

Request for Temporary Road Closure (Community Event)

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Applicant/s Details	Section 1							
	Club/Group Name:				ABN:			
	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (specify)		
	Family name:							
	Given names:							
	Position:							
Contact Details	Section 2							
	Telephone Number:				Mobile:			
	Email:							
	Facsimile:							
	Street Address:							
	Suburb:				Post Code:			
	Postal Address: <i>(if different from above)</i> :							
	Street Address:							
Request Details	Section 3							
	Street Name/s of closure:							
	Town of Streets:							
	Purpose of Closure:							
	DAYS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	DATE							
	TIMES							
<p>** If your closure is planned to cross a State Controlled Road, you need to submit an application to the Department of Transport and Main Roads at least one (1) month prior to your event. For further information DTMR can be contacted on 4931 1614 or via cmo.rockhampton@tmr.qld.gov.au</p>								

Qualifications	Section 4
	Any one person responsible for erecting and dismantling traffic signage must be qualified and hold a Level 2 Traffic Management Certificate Qualification as per the M.U.T.C.D requirements
	Responsible Officer 1
	Name of Qualified Person:
	Traffic Guidance Scheme Number:
	Contact Number:
	Company Employed by/Organisation:
	Responsible Officer 2
	Name of Qualified Person:
	Traffic Guidance Scheme Number:
	Contact Number:
	Company Employed with/Organisation:
If you have more than two (2) people responsible for your signage, please attached a separate piece of paper with the above details listed	
Requirements	Section 5
	<p>The below requirements are to be adhered too:</p> <ol style="list-style-type: none"> 1. The footpath and street areas must be returned to its original condition to the satisfactory of Council 2. The Police are to be notified of your application at least one (1) week prior to the closure 3. If applicable, a copy of your current Public Liability Insurance Policy must be attached to your application 4. The Traffic Management Plan must be clearly completed with your diagram readable

Traffic Management Plan	Section 6
	<p>Please draw/sketch below your proposed closure including surrounding and directly affected street names, location of signage and any proposed traffic deviations as required.</p> <p>Please attach a separate piece of paper if required</p>
Attachments	Section 7
	<p>When submitting this application, please ensure the below list of Requirements have been completed and are attached where applicable</p> <ul style="list-style-type: none"> • Does your closure cross a State Controlled Road? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has DTMR been contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach their approval notice <input type="checkbox"/> Yes <input type="checkbox"/> No • Please attach a copy of all or any other registrations, licenses, permits compliant to erecting and dismantling signage <input type="checkbox"/> Yes <input type="checkbox"/> No • A certificate of current standard liability insurance policy, no less than \$10 Million and indemnifying Banana Shire Council and the State from all Liability <input type="checkbox"/> Yes <input type="checkbox"/> No • Your Local Police have been contact <input type="checkbox"/> Yes <input type="checkbox"/> No • A detailed site plan including all specific details and signage <input type="checkbox"/> Yes <input type="checkbox"/> No

Public Liability	Section 8
	It is a requirement for an Organisation/Company to: <ol style="list-style-type: none"> Hold, for the duration of the term of the approval, maintain in full force and effect a standard public liability insurance policy with a minimum coverage of \$10 Million, Indemnify Banana Shire Council against all actions, proceedings, claims, demands, costs, losses, damages and expenses which may be brought against, or made upon, Banana Shire Council as a result of the activity.
	Name of Insurance Company: Amount: \$
	Policy Number: Policy Expiry Date:
Indemnity	Section 9
	I/We hereby authorize that the information provided above in this application is true and correct. In making this application, I/We hereby indemnify Banana Shire Council against all actions, proceedings, claims, demands, costs, losses, damages, liability and expenses which may be brought against or made upon Council. I/We will respect all equipment, vegetation, structures, signage and roadways during the time of the event and on the occasion that damage has been sustained to any of the above, I/We take responsibility in provide funding for replacement/upgrading to its original state.
	Signature of Applicant:
	Date:

OFFICE USE ONLY	
Date Received: / /	Registration Number:
Response Letter Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Posted: / /	Registration Number:
Notification provided to relevant Coordinator: <input type="checkbox"/> Yes <input type="checkbox"/> No	