

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.

NAME OF EVENT:		
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 2a	
	Telephone Number:	Mobile:
	Email:	
	Facsimile:	
	Street Address:	
	Suburb:	Post Code:
	Postal Address: <i>(if different from above):</i>	
	Street Address:	
SECONDARY CONTACT DETAILS	Section 2b	
	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/Roads name/s to be closed:

- Does your closure cross a State Controlled Road?

- If yes, has DTMR been contacted?

☐ Yes ☐ No

- If yes, please attach their approval notice

☐ Yes ☐ No

*** 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 fitzroydistrict@tmr.qld.gov.au.*

Town:

Purpose of Closure:

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE							
TIMES							

TRAFFIC MANAGEMENT SIGNAGE

Section 4

If Council is required to provide a TGS and Traffic Management, please leave the following section blank. 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 three (3) weeks prior to the closure 3. A copy of your current Public Liability Insurance Certificate of Currency must be attached to your application 4. The Traffic Management Plan must be clearly completed with your legible diagram
TRAFFIC MANAGEMENT PLAN	Section 6
	<p>Please draw/sketch below your proposed closure including surrounding and directly affected street and road names, location of signage and any proposed traffic deviations as required.</p> <p>Please attach a separate piece of paper if required.</p>

PUBLIC LIABILITY	Section 7
	It is a requirement for an Organisation/Company to: <ol style="list-style-type: none"> 1. 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 \$20 Million, 2. 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 8
	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 agree to cover any costs for replacement of infrastructure to its original state.
	Signature of Applicant:
	Date:
CHECKLIST	Section 9
	When submitting this application, please ensure the below list of requirements have been completed and are attached where applicable
	<ul style="list-style-type: none"> • Does your closure cross a State Controlled Road? <div style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <ul style="list-style-type: none"> ○ 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 \$20 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

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	