



33 Goldie Street
 PO Box 348
 SMITHTON TAS 7330
 DX 70706 SMITHTON
 council@circularhead.tas.gov.au
 (03) 6452 4800
 www.circularhead.tas.gov.au

STREET/ROAD CLOSURE APPLICATION

APPLICANT DETAILS *(enter as applicable)*

Company /Organisation: _____

Contact Name: _____

Postal Address: _____

Town: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

ACTIVITY/EVENT DETAILS

Name of Activity/Event: _____

Street/Road to be Closed: _____

Town: _____

Date of Closure: _____ Time of Closure: _____

Extent of Closure: _____

Please attach map or sketch clearly showing area of closure. Show street numbers where appropriate.

Will mains electricity be required for the activity?	Yes	No
If yes, nominate your electrician:	Licence No:	

TERMS AND CONDITIONS

- All Traffic Control is to be in accordance with Australian Standard A1742.3 Manual of uniform Traffic Control Devices Part 3 - Traffic Control for works in Roads.
- Applicant must advise Police at least 6 weeks prior to closure.
- Applicant must advise all directly affected properties by letter drop.
- Indemnity (see attached) to be signed by Applicant and all participants prior to permit issue.
- Applicant shall pay relevant fees and charges prior to permit issue.
- Where utilised, all electrical installations shall conform with AS3002: 2002 and the applicant shall nominate their licenced electrician.



33 Goldie Street
 PO Box 348
 SMITHTON TAS 7330
 DX 70706 SMITHTON
 council@circularhead.tas.gov.au
 (03) 6452 4800
 www.circularhead.tas.gov.au

STREET/ROAD CLOSURE APPLICATION

INSURANCE

Road closure permit holders are to hold a Public and Products Liability insurance cover extending over the area designated for closure, including a “hold harmless and indemnity agreement” to the Circular Head Council and maintaining insurance for a minimum of \$20 million.

A certificate of currency must be provided which covers the terms of the proposed permit, and must not be cancelled during the duration of the permit.

All Participants operating stalls, displays or other activities within the designated Closure are required to hold required insurances and sign off the attached indemnity form.

DECLARATION

I/We understand the above terms and conditions:

Signature: _____

Date: _____

Name: _____

Privacy Statement

The personal information on this form is required by Council for administrative purposes. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend or personal information at any time. How we use this information is explained in our Privacy Policy, which is available at www.circularhead.tas.gov.au or at the Council office.

OFFICE USE ONLY

Received: _____

Date: _____

Authorised: _____

Date: _____

Manager of Engineering & Projects

- Advertisement Advocate Advertising Date: _____ Saved in ECM & Tasked to Reception
- Advertisement Chronicle Advertising Date: _____ Saved in ECM & Tasked to Reception
- Notification to Depot



33 Goldie Street
 PO Box 348
 SMITHTON TAS 7330
 DX 70706 SMITHTON
 council@circularhead.tas.gov.au
 (03) 6452 4800
 www.circularhead.tas.gov.au

STREET/ROAD CLOSURE APPLICATION

INDEMNITY – ROAD CLOSURE

I, _____ on behalf of _____
 (Contact Name) (Company Name or Organisation Name)

of _____ in Tasmania ("the applicant") hereby agrees to indemnify and keep
 (Town Name)

indemnified Circular Head Council (council) against any damage or loss whatsoever and howsoever and whomsoever caused and for all claims, costs, action and demands in respect of the death or injury to any person or loss of or damage to any property resulting as a consequence of any negligent act or omission by the applicant, its servants, agents or employees arising out of or in connection with the

_____ (Activity)
 in _____ on _____
 (Street, Town) (Date)

Dated this _____ day of _____ 2018

Signed: _____

Name: _____

Event: _____

Company/Organisation represented: _____