

Temporary Road Closure Application

Mid Murray Council, 49 Adelaide Road, Mannum SA 5238 - Phone 08 8596 0100 - postbox@mid-murray.sa.gov.au

This form must be completed and submitted in conjunction with a Major Event Permit Application Form for any event requiring Traffic & Pedestrian Management (Road Closures).

Note: Council must declare any event which Road Traffic Act 1961 s.33 applies, and under s.33(s) make the relevant ancillary orders (with or without conditions). Any application for temporary road closures is required to go to a meeting of Council for approval.

To allow time to meet all road closure requirements, this form **must** be lodged **90 days or more** prior to the event.

1. APPLICANT & EVENT DETAILS

Organisation:			
Contact Name:		Position:	
Address:		Mobile:	
Phone:			
Email:			
Name of Event:			
Event Location:			
Date(s):			
Estimated Daily Attendance:		Attendance over Event Duration:	
Event Start Time:		Event End Time:	
Proposed Location:			
Location Address:			

2. TRAFFIC & PEDESTRIAN MANAGEMENT

2.1 PROPOSED ROAD CLOSURE(S)

Note: Fee Applicable (refer Council's Fees & Charges Schedule) for administration of road closure; which includes - notification to SAPOL, DIT, CFS, SES, and SA Ambulance; and cost of advertisement notices of the road closure.

Applicants are responsible for all costs associated with the Road Closure Application.

	Road/Street Name(s):	Closure		Re-Opening	
		Date	Time	Date	Time
1					
2					
3					
4					

How is your organisation planning to promote Council's support of the event? (e.g. social media, newspaper articles, etc.)



2.2 TRAFFIC MANAGEMENT PLAN

Guidance can be provided by Council with the development of this plan if required. Relevant fees are applicable for this service.

Has a Traffic Management Plan been developed for the event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Services vehicles	NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Key stakeholders	NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Disabled	NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
General parking	NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Overspill	NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Transport (e.g. buses)	NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Other information:

 **Attach a copy of the Traffic Management Plan**

2.3 TRAFFIC CONTROL DEVICES AND SIGNAGE

Installation and removal of road closure signage **must** be undertaken by a competent person with a Work Zone Traffic Management (WZTM) ticket.

Please provide details of your supplier:

Company:		
Contact Name:		Phone:

And/or -

Names of qualified personnel who will be installing and removing traffic control devices and signage:

Name:		WZTM Number:		Contact Number:	
Name:		WZTM Number:		Contact Number:	
Name:		WZTM Number:		Contact Number:	

Are traffic control devices and signage required to be supplied by Council?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Arrangements and contact details for collection and return:



3. CONDITIONS

Terms and Conditions:

Please be aware that submitting in this form you are agreeing to comply with the conditions of approval imposed by Council and/or SAPOL. These may include (but are not limited to):

1. Provision of a Major Event Permit Application/an event management plan;
2. Provision of a Traffic Management Plan prepared by a suitably qualified professional;
3. Payment of all costs for advertising the event to meet the requirements of the Road Traffic Act and Council;
4. Provision of road traffic signs and devices;
5. Provision of a Public Liability Insurance certificate to Council's satisfaction;
6. Proof of consultation with affected parties.

DECLARATION

I declare that I am over 18 years of age and have read and understand the permit conditions, and agree to abide by the said conditions.

Name (Print):	Position:
Signature:	Date:

FOR OFFICE USE ONLY

Council Authorisation

Council Meeting Report Number:	Date of Meeting:
Resolution Number:	
Application Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
By (Print Name):	Date:
Position:	
Signature:	

Fees and Charges

Fee Amount:	Invoice Number:
Details/Comments:	

END OF DOCUMENT

