

	<b>HIGHWAYS ACT 1980</b> <b>APPLICATION TO EXCAVATE IN THE HIGHWAY</b>	<b>SWL 3</b>
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(NB Applicants unfamiliar with the requirements of this legislation are strongly advised to appoint a contractor with the appropriate knowledge and accreditation to help complete this application and to conduct the works on their behalf).

**SECTION 1 – Applicant**

<b>Surname:</b> _____		<b>Forenames:</b> _____	
<b>Company:</b> _____			
<b>Address:</b> _____			
<b>PO Code:</b> _____	<b>Work Tel:</b> _____	<b>Alt Tel:</b> _____	

**SECTION 2 Precise Location of Proposed Work**  
(Detailed plan to be submitted with this form)

Property:	Road/Street:
	Town:
PO Code:	Grid Ref (Easting/Northing):

Category of Works (Select 1 only):

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="radio"/> Emergency Works | <input type="radio"/> Immediate/Emergency | <input type="radio"/> Immediate/Urgent |
| <input type="radio"/> Major Works     | <input type="radio"/> Standard Works      | <input type="radio"/> Minor Works      |

Type of works (e.g. trial holes):  
(continue at foot of form if necessary)

Estimated Length of Works: _____ m	Type of Licence required
	Average Depth of Excavation      Up to 1.5m      Over 1.5m

Proposed Start Date: _____	Estimated Duration: _____ days	Planned Finish Date: _____
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Hours of Working			
Daytime - All day	Daytime - AM only	Daytime - PM only	
	Nighttime	24 Hours	

Work Lies Within: (tick all that apply)

- |                                      |                                   |                                |           |
|--------------------------------------|-----------------------------------|--------------------------------|-----------|
| <input type="checkbox"/> Carriageway | <input type="checkbox"/> Footway  | <input type="checkbox"/> Verge | Not Known |
| <input type="checkbox"/> Cycleway    | <input type="checkbox"/> Footpath |                                | Other     |

Proposed Traffic Control: (select all that apply)

- |  |  |  |
|--|--|--|
| Stop/Go boards <input type="checkbox"/>        | Temporary Traffic Signals <input type="checkbox"/> 2 way | <input type="checkbox"/> 4 way         |
| Road Closure <input type="checkbox"/>          | <input type="checkbox"/> 3 way                           | <input type="checkbox"/> Other         |
| Priority Flow <input type="checkbox"/>         | Pedestrian Walkway                                       | Available width of walkway/footway (m) |
| Signs & Barriers only <input type="checkbox"/> | Alternative Footway                                      |  |

**SECTION 3 Details of person/company conducting the works:**

Name: _____	
Address: _____	
Tel No: _____	Mob No: _____
Email: _____	

**SECTION 4 INSURANCE. Public Liability Insurance of a minimum of £5 million must be provided up to completion of the permanent reinstatement. (Proof to be submitted with this form)**

Company Name:

Address:

Tel No:

Policy No:

Start Date:

Expiry Date:

**SECTION 5 DECLARATION BY OWNER OF APPARATUS:**

I confirm that the foregoing details are correct, and acknowledge that the works referred to above must be conducted in accordance with the requirements of the Highways Act 1980 and New Roads & Street Works Act 1991, and associated legislation and codes of practice, together with any other conditions imposed by the Street Authority in the relevant licence.

I acknowledge the statutory need for me to pay the prescribed inspection fees which will be imposed by the Street Authority, including any defect inspection fees and the cost of any necessary remedial works conducted by the Street Authority during the guarantee period, along with the required administration/capitalised annual charge fees.

I acknowledge that the licence is granted on the condition that I will indemnify the Street Authority against any claim in respect of injury, damage or loss arising out of:

(a) The placing or presence in the street of apparatus to which the licence relates, or

(b) The execution by any person of any works authorised by the licence.

I also acknowledge that I have read and understand the Notes for Guidance contained (Form SWL1a).

Signed: ..... Date: .....

In the capacity of: .....

**Send completed form(s) to:-**

NRSWA Team  
East Riding of Yorkshire Council  
Beverley Depot  
Annie Reed Road  
Beverley  
East Riding of Yorkshire  
HU17 0LF

Continuation:

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