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|--------------------------------|--------------------------------|--------------------------------|------------------|----------|
| PERMANENT REINSTATEMENT | Required? (Yes/No) | End date: __/__/20__ | time: | am pm |
| Details: | | | | |
| Contractor: (Yes/No) | Company name: | | | |
| Address: | | | | |
| City/Town: | | State: | Postcode: | |
| Contact person: | Telephone (BH): | | | |
| eMail address: | Facsimile: | | | |
| | Mobile or AH Telephone: | | | |

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| TRAFFIC IMPACT # | |
| 1. Will a Traffic Management Plan be in operation during the proposed works? (Yes / No) <small>(Note: refer s99A of the Road Safety Act 1986 and Code of Practice for Worksite Safety – Traffic Management)</small> | |
| 2. Will major traffic control devices requiring a “Memorandum of Consent” be used? (Yes / No) <small>Examples of major traffic control devices include speed limit signs, traffic signals (including portable traffic signals, etc. (Note: refer Road Safety (Road Rules) Regulations 1999 and Code of Practice for Worksite Safety – Traffic Management)</small> | |
| 3. Will the works: | (a) require deviation of vehicular traffic into on-coming traffic lane? (Yes / No) |
| | (b) be conducted in a clearway when in operation? (Yes / No) |
| | (c) be conducted on, partly on or affect a bridge or other structure? (Yes / No) |
| 4. Will closure of the road or part of the road to vehicular traffic be required for: | |
| | (a) a continuous period of more than 12 hours? (Yes / No) |
| | (b) more than 24 hours in a 7 day period? (Yes / No) |
| 5. If “Yes” to either 4(a) or 4(b), then what is: | |
| | (a) the number of traffic lanes to be closed? |
| | (b) the length of traffic lane to be closed (1 st lane) (indicate with m for metres or km for kilometres) |
| | (c) the length of traffic lane to be closed (2 nd lane) (indicate with m for metres or km for kilometres) |
| 6. Please provide any other relevant traffic information, including impact on pedestrians (including provision for people with disabilities), cyclists and public transport: | |
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|---|-------------------------------------|
| CONSULTATION # | |
| Adjoining property owner(s)/occupier(s) and/or affected members of the community? (Yes/No) | Date: __/__/20__ |
| Mitigation plan: | Is access affected? (Yes/No) |

| | |
|---|----------------------------|
| ASSETS of OTHER PARTIES/AUTHORITIES AFFECTED *** # | |
| Owner: | Consulted? (Yes/No) |
| Asset(s): | |
| Effect: | |
| Minimisation plan: | |
| Owner: | Consulted? (Yes/No) |
| Asset(s): | |
| Effect: | |
| Minimisation plan: | |
| Owner: | Consulted? (Yes/No) |
| Asset(s): | |
| Effect: | |
| Minimisation plan: | |

The information requested on this form will be used solely by the Moyne Shire Council. We will not use your personal information for any other purpose without first seeking your consent, unless authorized or required by law. The Council may not be able to process your request unless sufficient information is given. You may apply to the Moyne Shire Council for access to and/or amendment of the information on 03 5568 0555

*** Includes other utility infrastructure, street trees, remnant native vegetation and landscaped areas

Not required for Notification of Completed Works

<https://infoxpert.edrms/dav/sid-uwfj0e9hbfox2361/Quick Link Documents/Quick Links - Physical Services/Works Within Road Reserve Application Form MSC.docx>