

(THIS DOCUMENT MUST BE SUBMITTED WITH EACH ROAD OCCUPANCY APPLICATION)

<b>CONTACT</b>	Proponent's Organisation		* Contact Phone	
	*Proponent's Name		* Contact Mobile	
<b>LOCATION</b>	*Subject Road		*Suburb	
	*From (Cross Street)	*To (Cross Street)		
	Has a Site inspection been conducted in the past two weeks? Two photographs (one each direction) of site attached,			<input type="checkbox"/> Yes
	Any significant features of the site noted : <b>(Tick below those which are applicable)</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• signals within 100m of site <span style="float: right;"><input type="checkbox"/></span></li> <li>• signal phases effects (lanes &amp; turning lanes) <span style="float: right;"><input type="checkbox"/></span></li> <li>• roundabouts within 100m of site <span style="float: right;"><input type="checkbox"/></span></li> <li>• occupancy near a tidal flow <span style="float: right;"><input type="checkbox"/></span></li> <li>• number of traffic lanes in each direction <b>(insert number)</b> _____ <span style="float: right;"><input type="checkbox"/></span></li> <li>• adjacent significant land use with major egress such as hospitals/schools/supermarkets <span style="float: right;"><input type="checkbox"/></span></li> <li>• raised median / divided carriageway <span style="float: right;"><input type="checkbox"/></span></li> <li>• pavement type <input type="checkbox"/> Bitumen <input type="checkbox"/> Concrete <input type="checkbox"/> Other <span style="float: right;"><input type="checkbox"/></span></li> <li>• any kerbside restrictions such as <b>(specify appropriate restriction)</b> <span style="float: right;"><input type="checkbox"/></span> <ul style="list-style-type: none"> <li>1. Clearways / bus or transit lanes <span style="float: right;"><input type="checkbox"/></span></li> <li>2. Designated Parking Restrictions <span style="float: right;"><input type="checkbox"/></span></li> <li>3. Loading Zones <span style="float: right;"><input type="checkbox"/></span></li> <li>4. Bus stops <span style="float: right;"><input type="checkbox"/></span></li> <li>5. Taxi Ranks <span style="float: right;"><input type="checkbox"/></span></li> </ul> </li> </ul>			
	Any evidence of concurrent adjacent roadworks / activities / off-road developments			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>IF YES PLEASE SPECIFY:</b> _____ Relevant traffic volume data obtained (Traffic Volume Data Book) <ul style="list-style-type: none"> <li>• Days/times of lowest traffic volumes noted</li> <li>• Are times occupancy requested consistent with traffic volumes (above)</li> <li>• Does your Traffic Management Plan (TMP) indicate how flow capacity is maintained</li> </ul>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this Traffic Management Plan been prepared by a person in possession of a current <b>Select/Modify Traffic Plans</b> qualification or higher If YES please supply <b>Name &amp; Licence No:</b> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will your organisation be undertaking or supervising the works described in the application.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Consideration has been given to construction noise and other environmental impacts on residents (where applicable) and the appropriate measures will be taken to minimise these impacts, particularly noise to residents If YES please supply details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments</b> _____				
RMS Asset Management (02) 8849 2114 notified for Road opening etc: <input type="checkbox"/> <b>No Reason</b> _____ <input type="checkbox"/> <b>Yes</b> If YES please supplied Reference no. _____				
<b>SIGN</b>	Applicant's Name:		Date:	
	Signature: _____			

\* Denotes mandatory fields that are required to be completed