



TEMPORARY ROAD CLOSURE APPLICATION

Event name:	Organisation:
Applicant name:	Phone number:
Alternative contact:	Alternative contact phone number:
Postal address:	Postcode:
Email:	Fax:

CRITICAL CHECKLIST

1. I have read Council's Temporary Road Closure Policy and Events Alexandrina Festivals and Events A – Z Information Kit -
2. I am aware of the fees for this application payable upon Council approval -
3. Temporary Road Closure Application submitted three (3) months prior to event -
4. Evidence of Public Liability Insurance attached (minimum \$10,000,000) -
5. Plan of the event area and all associated infrastructure attached -
6. Traffic Management Plan is attached -
7. Evidence of public consultation attached (evidence of support has been collated from landowners and business operators adjacent to the subject road closures and also from emergency services and SA Police) -

(All above check boxes must be completed upon submitting application)

ROAD CLOSURE REQUIRED

Road	Physical extent		Time	
	From	To	Closed	Opened

Suburb:	Commencement date:	Completion date:
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Number of people expected to attend event:



TRAFFIC MARSHALS

List persons certified by SA Police under the 'Managed Event' format pursuant to Section 17 of the Road Traffic Act 1961.

Name(s)	Position / Role

CERTIFIED PERSON TO INSTALL / REMOVE TRAFFIC CONTROL DEVICES

Provide details of the responsible person carrying a current Work Zone Traffic Management Certificate, in accordance with the Australian Standard AS 1906.4 and AS 1742 Part 3.

Name: _____

Licence No: _____

PUBLIC CONSULTATION BRIEF

Provide brief details 'in summary' of how public consultation has been conducted. Are there likely to be any objections from residents or businesses that may be affected by the temporary road closures? Provide the details of the nominated person that has been responsible for this consultation. Attach evidence of public consultation separately.

FEES AND CHARGES

- Details on Alexandrina Council
- Subject to change after 30/6/2016

AUTHORISATION

I have completed this document correctly and to the best of my knowledge. By signing this document, I agree to indemnify Alexandrina Council for all claims for damages or injury that my result of the activity, event or occupation of the road or public reserve during the course of the event (detailed above):

Print Name: _____ Signature: _____

Date: _____