



# Application for Speed Zone Authorisation

(Section 50, Transport Administration Act 1988)

Assets & Works Group

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541

Address all correspondence to: The General Manager, PO Box 42, Nowra, NSW, Australia, 2541 | DX 5323 Nowra  
council@shoalhaven.nsw.gov.au | www.shoalhaven.nsw.gov.au | Phone: (02) 4429 3111 | Fax: (02) 4422 1816

File Number: 21277E

## 1 Contacts

Proponent Organisation: .....

Proponent Contact Name: .....

Phone: ..... Mobile: .....

Fax: ..... Email: .....

## 2 Location

Subject Road Name: ..... Suburb: .....

From (Cross Street): ..... To (Cross Street): .....  
Reference to nearest cross street Reference to nearest cross street

Requested Times: ..... Distance: .....

Direction:  All Directions  East Bound  West Bound  East & West Bound  
 North Bound  South Bound  North & South Bound

Existing Speed Limit: ..... Requested Speed Limit: .....

Proposed Commencement Date: ..... Proposed Completion Date: .....  
Installation of signs Removal of Signst

Traffic Control Plan ID: ..... Date of Previous TMC/SZA Authorisation Date: .....  
If Applicable

Reason for SZA: .....

Speed Limit Sign Location Plan Name: .....

## 3 Signatory & Lodgement Details

I hereby apply for permission to restrict speed at the location described herein.

Signature: ..... Date: .....

PLEASE ALLOW 10 WORKING DAYS TO PROCESS THIS APPLICATION

**Application lodgement details** - Please send the completed application form together with page 2 and the Traffic Management Plan to; Shoalhaven City Council - fax: (02) 4422 1816 | email: council@shoalhaven.nsw.gov.au

### Admin Use Only

Comments: .....

.....

.....

*Privacy Notification: The information requested on this form is being collected by Shoalhaven City Council for, and on behalf of Roads & Maritime Services (RMS) for administrative and assessment purposes. The information will be used solely by Council staff and other organisations for the purpose mentioned or a directly related purpose. The applicant understands that this information is provided on a voluntary basis and they may apply to Council for access or amendment of the information.*

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#### OFFICE USE ONLY

Form Number: 818	Version Number 1
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F O R M S I 8

# Checklist

This document must be submitted with each application for speed zone authorisation

## Contacts

Proponent's Organisation: .....

Proponent's Name: .....

Phone: ..... Mobile: .....

## Location

Subject Road: ..... Suburb: .....

From (Cross Street): ..... To (Cross Street): .....

Has a Site inspection been conducted in the past two weeks?  Yes  
Two photographs (one each direction) of site attached  No

Any significant features of the site noted : (Tick below those which are applicable)  Yes

- signals within 100m of site  No
- signal phases effects (lanes & turning lanes)
- roundabouts within 100m of site
- occupancy near a tidal flow

number of traffic lanes in each direction .....

adjacent significant land use with major egress such as hospitals/schools/supermarkets

raised median / divided carriageway

pavement type

Bitumen

Concrete

Other

Any kerbside restrictions such as (specify appropriate restriction)

1. Clearways / bus or transit lanes

2. Designated Parking Restrictions

3. Loading Zones

4. Bus stops

5. Taxi Ranks

Any evidence of concurrent adjacent roadworks / activities / off-road developments  Yes

If yes please specify: .....  No

Relevant traffic volume data obtained (Traffic Volume Data Book)  Yes

• Days/times of lowest traffic volumes noted

• Are times occupancy requested consistent with traffic volumes (above)  No

• Does your Traffic Management Plan (TMP) indicate how flow capacity is maintained

Has this Traffic Management Plan been prepared by a person in possession of a current Select/Modify Traffic Plans qualification or higher  Yes

If YES please supply, Name & Licence No: .....  No

Will your organisation be undertaking or supervising the works described in the application.  Yes

.....  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  Yes

.....  No

If YES please supply details: .....

Comments: .....

.....

.....

Applicant's Name: .....

Signature: ..... Date: .....

# Explanatory Notes

Please read these notes when filling in the Application Form

## Contacts

**Proponent Organisation:** The name of the organisation submitting the road occupancy application. The proponent is the applicant, or the entity applying for the road occupancy.

**Proponent Contact:** The name of the contact person (for this application) in the organisation. This is usually the officer in charge of a project.

**Phone and Fax:** The phone and fax of the proponent organisation.

**Mobile Number:** The mobile phone number of the proponent organisation contact.

**Email Address:** The e-mail address of the proponent organisation.

## Location

**Road Name:** The road most immediately affected by the activities proposed to take place. If more than one road is affected, enter the more major road as the subject road.

**Suburb:** If the occupancy is in more than one suburb, please enter both.

**From (Cross Street):** Where the proposed activities affect a stretch of road, enter the start point (nearest cross street or other identifiable reference point) at the beginning of the stretch road.

**To (Cross Street):** The point (nearest cross street or other identifiable reference point) at the end of the stretch of road. Where the proposed activities are to occur at an intersection, write the word "intersection".

**Time:** The duration of time over which the Speed Zone Authorisation (SZA) applies.

**Distance:** The distance over which the Speed Zone Authorisation (SZA) applies on the roadway.

**Direction:** Tick one box that is applicable to the direction of the affected traffic flow.

**Existing Speed Limit:** Enter the speed limit on the section of the road affected by activities being proposed in this application.

**Requested Speed Limit:** The speed limit that is being requested for, in this application.

**Requested Start and End Dates:** Enter the start date and end date of the proposed activities. The end date should be the date of the start of the last shift. This is particularly relevant if the last work shift starts on one date, continues on past midnight and ends on another date.

**Traffic Control Plan ID:** Plan identification numbers as stipulated by the Traffic Control at Work Sites Manual

**Dates of TMC/SZA:** If applicable supply the most recently expired speed zone Authorisation for this project (dates)

**Reason for SZA:** An explanation to support the request for the Speed Zone Authorisation (SZA) Application to enable appropriate evaluation and approval.

**Speed Limit Sign Location Plan Name:** A plan accurately marking ALL speed limit signs in the work site must be submitted with the SZA application. This application will not be processed without the speed limit sign location plan.

## Additional

**Signatory:** Acknowledges contents and purpose of SZA application and certifies as true and correct.

**Admin use only:** To be completed by Shoalhaven City Council.