

**APPLICATION FOR TEMPORARY ROAD CLOSURE**

**KiwiRail for Railway Crossing Maintenance**

**Pursuant to the 10<sup>th</sup> Schedule of the Local Government Act 1974**

To: Roding Department  
Waitaki District Council  
Private Bag 50058  
OAMARU 9444

I/We \_\_\_\_\_

(Full name and address of applicant/s)

of \_\_\_\_\_

request the Waitaki District Council to consider the temporary closure of part/parts/the whole (delete as required) of a local legal road/street in the Waitaki District, as described below:

Activity: \_\_\_\_\_

Applicant: \_\_\_\_\_

Roads to be closed: \_\_\_\_\_

Date & Time of Closure: \_\_\_\_\_

This form must be submitted **within 21 days but no later than 7 days** of date of activity requiring road closure in order to allow for the following tasks:

I/We agree to do the following:

1. Distribute letter-drop correspondence to affected parties and supply a list showing which affected parties have been advised of the closure.
2. Negotiate with any objectors to secure their consent (without consent of all affected parties, Council may have to decline the request for closure).
3. Submit a Traffic Management Plan (TMP) for approval. If a generic TMP is to be used please notify the roading department and submit a diagram of the proposed location.  
If temporary traffic management is required on a State Highway for the works, please contact NZTA Dunedin Office on (03) 951 3009 for further information.
4. Pay all advertising costs related to Public Notification of Road Closures (WDC will arrange the advertising with the invoice being sent directly to the applicant).

Please note that it is standard practice for an advertisement to be placed in local newspapers (i.e. Waitaki Herald and Otago Daily Times) on either the Friday or Saturday immediately preceding the works. Radio advertisement for significant projects is recommended.

5. Provide evidence of public liability insurance to Council (if applicable).

Signature: \_\_\_\_\_

(To be signed by the applicant or the person authorised to sign on behalf of the applicant)

Date: \_\_\_\_\_

Contact details of Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

*Note: This application does not constitute any form of commitment from the Council to proceed with or approve the Temporary Road Closure Application.*

**Traffic Management Plan (TMP) Contractors:**

SouthRoads – 03 437 9010  
Whitestone Contracting – 03 433 0240  
Fulton Hogan – 03 433 1129  
Downer – 03 433 1253

**FOR OFFICE USE ONLY**

Application Received: .....

Date Received: ...../...../.....

Date Fees Received: ...../...../.....