



Warringah Council

Authorised Vehicle Crossing Contractor Application

Address the application to:

- The General Manager
Warringah Council
Civic Centre, 725 Pittwater Rd
Dee Why NSW 2099
- Or**
- Customer Service Centre
Warringah Council
DX 9118 Dee Why

If you need help lodging your application:

- Phone our Customer Service Centre on (02) 9942 2111
- Or**
- Come in and talk to us

Office Use Only

June 09

PART 1 Applicant Details

Applicant details

Mr Mrs Ms Other

It is important that we are able to contact you if we need more information.

Please give us as much detail as possible.

Full family name
(or company) (note: if company, state company name and managing directors name)

Full given names (no initials)
(or A.C.N)

Postal address
(We will post all letters to this address)

Phone number () Work ()

Mobile number Facsimile ()

Email

PART 2 Company representative

Contractor details

NB Inspections will only be accepted by nominated company representatives.

For any additional work groups, please nominate on a separate sheet.

Name

Concreter's/builder's licence no Expiry date

Mobile ()

How many years have you been carrying out this type of work? Years

PART 3 Experience

Experience

Have you been an authorised footpath crossing and associated works contractor:

1. With Warringah Council

Yes No If so, for how many years

2. With other councils?

Yes No If yes, provide details below

Name of Council From ___/___/___ to ___/___/___

Referee Phone ()

Name of Council From ___/___/___ to ___/___/___

Referee Phone ()

PART 4 Insurance

Insurance information

Provide name of insurers, policy numbers and date of expiration

Copies of Insurance Currency Certificates are to be submitted with this application and updated annually

Permits will not be issued unless you have public liability insurance for the area you want to use. Please complete this form, giving details of your public liability insurance.

A certificate of currency must be provided to Council by the insurance company before a permit is issued.

I hereby declare that I as permit holder and Warringah Council are insured for legal liability to the public in respect of personal injury or property damage for a limit of indemnity of not less than \$10 million.

Workers compensation insurance company

Name of insurance company

Public liability policy no.

Period of insurance from

 to

Limit of indemnity

I understand that this insurance shall not be cancelled or lapse without the agreement of Warringah Council and the policy document shall be endorsed to this effect.

This insurance includes the cross liability clause.

PART 5 Conditions of agreement

Conditions

- Lodging a bond of \$3000 with Warringah Council that may be used to rectify any work that is considered to be unsatisfactory or incomplete. Such bond or residue, if any, after any rectification expenditure to be refunded within 30 days from the date of your notification that you wish to be de-registered from the list of authorised contractors, or within 30 days from the Development Engineering Section advising of your removal from the list.
- A pre-nominated company representative being on-site at all times during construction and further, not to subcontract the work except to other vehicle crossing contractors authorised by Council.
- Monitoring and maintaining all Occupational Health and Safety requirements associated with works, and as required by all relevant authorities.
- Ensuring that street level profiles have been issued prior to commencement of any works (including excavation).
- Lighting, fencing, traffic control and advanced warning signage being provided for the protection of the works and for the safety and convenience of the public and others, to the satisfaction of Council, and in accordance with the attached traffic management plan and Australian Standard, 1742.3 – 2000. Traffic movement in both directions on public roads, and vehicular access to private properties is to be maintained at all times during the currency of the works.
- Complete vehicular crossings and associate works in accordance with Council's engineering specifications and site instructions.

PART 6 Attachments

Attachments

Please provide copies of these items in support of your application

- Traffic management plan, as per AS/NZS 17423-2000
 - Local road works
 - Major road works
- Sediment and erosion control plan for typical construction
- Safe work method statements for the following activities:
 - Traffic control set up
 - Locating services
 - Saw cutting concrete

PART 6 Attachments cont.

- Excavation
- Plant and tool operation
- Install formwork and reinforcing mesh
- Tidy worksite
- Outdoor work
- Pouring and finishing concrete

For assistance in preparing safe work method statements, see WorkCover's 'Subby Pack - OHS Contractor Management Tool', available from Workcovers Website, www.workcover.nsw.gov.au

PART 7 Declaration and Signature

Authorisation by applicant

To the General Manager
Warringah Council

I agree that the works carried out by me in respect of the abovementioned details, will be a contract between myself/my company and the property owner only, and that Council will in no way be liable and /or responsible for bad debts or damage. I also agree to perform the work strictly in accordance with specifications and directions given to me by the Development Engineering Section, or representative.

I, the undersigned, hereby make application to become an authorised vehicular crossing and associated works contractor of Council and certify that the above information is true and correct. I understand that I am liable for de-registration if the work performed by me is unsatisfactory, or the above details are not true and correct and not complied with in any way, or for any other reason you may see fit.

Applicant Signature

Date ___/___/___

Witness Signature

Date ___/___/___

Office Use Only

Office Use

Cashing Type 6265

Bond amount
\$3000.00

Receipt no.

Date

Contractor's list

Builder's list

Comment

Crossing engineer

This page is not made electronically available on DAs Online

Credit Card Details - Council Payment Fax No: (02)9942 2606

Please charge my American Express Master Card Visa

Card Number Expiry Date /

Card Holder's Name Amount \$

Signature Phone () daytime

Please note that all credit card payments are subject to a 1% service fee.