



HIGHWAYS ACT 1980 SECTIONS 139 & 140
**APPLICATION FOR PERMISSION TO DEPOSIT
A SKIP ON A HIGHWAY**

1. Details Of Skip Company/Owner

Name Of Skip Company/Owner :-
Address :-
Telephone No :-
Email :-

2. Name Of The Person Responsible On The Site Where The Skip Is To Be Used And The Address And Telephone Number Of The Site

Name :-
Site :-
Address :-
Telephone No:-

3. Description Of The Works In Connection With Which The Skip Is Required

4. Location/Address Of Where It Is Desired To Place The Skip

Location :-
Address :-

5. Description Of Site (I.E. Footway, Carriageway Or Verge)

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6. Reasons Why The Skip Cannot Be Deposited On The Site Of The Works Or On Other Adjacent Land Clear Of The Highway.

7. The Skip Will Be Required For A Period Of _____ Days Commencing On / /

I/We Have Read And Undertaken In The Event Of Permission Being Granted To Comply With The Standard Conditions Which Were Received With This Application Form, And Comply With Any Special Conditions Which May Be Imposed And Stated On The Permit.

I/We Undertake To Pay Any Expense The Authority May Incur In Respect Of Repairs To The Carriageway, Verge, Footway And Apparatus In Or On The Highway Arising From The Deposit, Use Or Removal Of The Builder's Skip.

Signed

On Behalf Of

Date

This Form Should Be Completed And Returned Preferably By Fax; 0121 711 1178

Jim Harte
Corporate Director Of Community Services
P.O Box 19, Council House, Solihull, West Midlands, B91 9qt