

EVENTS ON THE PUBLIC HIGHWAY IN WALTHAM FOREST

PLAY STREET APPLICATION FORM (PSAF1)

PLEASE READ THE GUIDANCE NOTES BEFORE MAKING YOUR APPLICATION

PLEASE RETURN THIS COMPLETED FORM TWO MONTHS BEFORE THE EVENT TO :

EVENTS MANAGEMENT,
WALTHAM FOREST COUNCIL,
TRAFFIC TEAM,
LOW HALL,
ARGALL AVENUE,
LONDON,
E10 7AS.

OFFICIAL USE ONLY REF NO:

APP NO : PS -

DATE RECEIVED :

| PART A : APPLICANT / ORGANISATION DETAILS | | |
|---|--|--|
| NAME OF APPLICANT | | |
| TYPE OF ORGANISATION TICK ONE BOX | PRIVATE / INDIVIDUAL / STREET CO-ORDINATOR | |
| | COMMERCIAL ORGANISATION | |
| NAME / TITLE OF APPLICANT / ORGANISATION | | |
| ADDRESS OF APPLICANT INCLUDING POST CODE | ADDRESS : | |
| | POST CODE : | |
| CONTACT DETAILS | DAYTIME TEL. NUMBER : | |
| | MOBILE NUMBER : | |
| | E-MAIL : | |

PART B : ROAD CLOSURE / PLAY STREET DETAILS

| | | |
|---|---|---------------------------------|
| <p>BRIEF SUMMARY OF PLAY STREET REQUIREMENTS</p> <p>PROVIDE WRITTEN SUMMARY OF PLAY STREET REQUIREMENTS. PLEASE SUPPLY EXTRA DETAILS ON ATTACHMENT IF REQUIRED</p> | <p>LENGTH OF ROAD(S) TO BE CLOSED IF APPROPRIATE. PLEASE USE HOUSE NUMBERS OR DISTANCES FROM JUNCTIONS TO DESCRIBE LIMITS OF ROAD CLOSURES. PLEASE SUPPLY A SKETCH OR MAP IF THIS HELPS TO DESCRIBE YOUR PROPOSALS.</p> | |
| <p>NOTIFICATION TO AFFECTED PROPERTIES</p> <p>IT IS A REQUIREMENT THAT ALL AFFECTED PROPERTIES AND THE THREE LOCAL WARD COUNCILLORS MUST BE CONSULTED BY THE APPLICANT USING THE TEMPLATE LETTER ATTACHED TO THIS FORM. PLEASE LIST THE PROPERTIES CONSULTED AND IF ANY OBJECTIONS HAVE BEEN MADE.</p> | <p>WHICH PROPERTIES HAVE BEEN CONSULTED ?</p> | |
| <p>TIMES AND DATES OF EVENT</p> <p>PROVIDE START AND FINISH TIMES OF PLAY STREET</p> <p>IF THIS IS TO BE A RECURRING PLAY STREET, PLEASE PROVIDE DETAILS OF OCCURRENCE (EG, DAY OF WEEK OR DAY OF THE MONTH)</p> | <p>START TIME / DATE OF PLAY STREET :</p> | <p>TIME :</p> <p>DATE :</p> |
| <p>BARRIERS / SIGNS</p> <p>PLEASE SEE GUIDANCE NOTES THE COUNCIL WILL PROVIDE THE APPROPRIATE SIGNS FOR THE FIRST DATE OF YOUR EVENT AND IT IS THE APPLICANT'S RESPONSIBILITY TO ERECT THE SIGNS AND BARRIERS AT EACH POINT CLOSURE AND STORE THEM AFTERWARDS OFF THE HIGHWAY.</p> | <p>WHAT ARE YOUR SIGNAGE AND STORAGE ARRANGEMENTS ?</p> <p>PLEASE SPECIFY WHAT ARRANGEMENTS ARE BEING MADE FOR THE ERECTION AND FUTURE STORAGE OF ROAD SIGNS AND BARRIERS</p> | <p>YES / NO</p> <p>YES / NO</p> |
| <p>PROVIDE START AND FINISH TIMES OF PLAY STREET</p> | <p>FINISH TIME / DATE OF EVENT :</p> | <p>TIME :</p> <p>DATE :</p> |
| <p>IF THIS IS TO BE A RECURRING PLAY STREET, PLEASE PROVIDE DETAILS OF OCCURRENCE (EG, DAY OF WEEK OR DAY OF THE MONTH)</p> | <p>WILL THIS PLAY STREET BE RE-OCCURRING ?</p> | <p>YES / NO</p> |
| <p>IF THIS IS TO BE A RECURRING PLAY STREET, PLEASE PROVIDE DETAILS OF OCCURRENCE (EG, DAY OF WEEK OR DAY OF THE MONTH)</p> | <p>WHEN WILL THIS PLAY STREET BE RE-OCCURRING ?</p> | |

| PART C : CHECK LIST OF INFORMATION TO BE SUPPLIED (SEE GUIDANCE) | | |
|--|--|--|
| FULLY COMPLETED APPLICATION FORM | SUPPLIED TICK BOX | |
| <p>EVIDENCE OF CONSULTATIONS AND INFORMATION TO AFFECTED FRONTAGERS / RESIDENTS</p> <p>THIS SHOULD INCLUDE THE DETAILS OF CONSULTATIONS WITH ALL AFFECTED RESIDENTS / PROPERTIES DIRECTLY AFFECTED BY THE PLAY STREET AND COPIES OF ANY OBJECTIONS RECEIVED.</p> <p>IF THE EVENT IS TO AFFECT ACCESS TO BUSINESS PREMISES ETC EVIDENCE OF CONSULTATIONS AND ANY RESPONSES / OBJECTIONS SHOULD BE SUPPLIED.</p> | SUPPLIED TICK BOX | |
| EVIDENCE OF HOW THE EVENT IS TO BE ADVERTISED / PUBLICISED FOR THE BENEFIT OF ROAD USERS AND AFFECTED OCCUPIERS | SUPPLIED TICK BOX | |
| PROVISION OF DETAILS OF PUBLIC LIABILITY INSURANCE (INCLUDING POLICY NO. AND COMPANY) TO COVER CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO PERSONS DURING THE PLAY STREET ROAD CLOSURE PERIOD(S), IF 'HIGHER RISK' ACTIVITIES ARE TO BE ARRANGED | SUPPLIED TICK BOX | |
| <p>I CONFIRM THAT IN SUBMITTING THIS APPLICATION THE ABOVE DETAILS ARE CORRECT AND THAT I HAVE READ AND UNDERSTOOD THE GUIDANCE AND WILL INFORM THE COUNCIL OF ANY CHANGES TO THE ARRANGEMENTS IMMEDIATELY THEY ARE KNOWN</p> <p>I AGREE THAT WALTHAM FORSET COUNCIL MAY DISTRIBUTE ANY OF THE INFORMATION GIVEN IN THIS APPLICATION FORM</p> <p>I CONFIRM THAT I AM AT LEAST 18 YEARS OF AGE</p> | <p>SIGNATURE :</p> <p>NAME :</p> <p>DATE :</p> | |