TRAFFIC MANAGEMENT PLAN REQUEST FORM



PRINCIPAL DETAILS - (Work undertaken for) (Your Client)	
Company Name	
Contact Person	
Postal & Physical Address	
Contact Number	
Email Address	
CONTRACTOR RETAILS: /s	
CONTRACTOR DETAILS - (Servi	ce provided by) (Yourself)
Company Name	
Contact Person	
Postal & Physical Address	
Contact Number	
Email Address	
WORKS (ACTIVITIES)	
Site Address	
-Address work will take place	
Proposed Dates, Start and Finish	
Starting Dates to be 7 days prior to submission dates	
Proposed Work Hours	
(Day/Night)	
Level 1 - 0700 - 1900	
Level 2 - 0900-1600	
BRIEF DESRIPTION OF WORKS /	
SCOPE OF WORKS	
Please Photos / Map /site plans /	
Vehicle Permit / Resource	
Consent	
AUCKLAND TRANSPORT	Contractor / Principle
<u> </u>	(Please confirm who will be paying the charges to AUCKLAND TRANSPORT)
TRAFFIC PLANS LIMITED	Contractor / Principle
	(Please confirm who will be paying <u>TRAFFIC PLANS LIMITED</u> charges for the TMP Application)
PLEASE NOTE	
	days or more to be approved, depending on how busy Auckland Transport are at the time of submitting the TMP.
	ead the local and special conditions (allocated in the WAP Document) ntacted - this is your responsibility. If unsure please feel free to call me if you have any queries.
Anything in the special conditions that is st	ated by the council over rules any information we applied for in the TMP.
You are liable to pay any costs associated v	vith collecting payment when you default on your payment.

Signature: