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|  <p>TRAFFIC MANAGEMENT PLAN FORM 2017 - 2018</p> <p><i>Land Transport Dept CHB District Council Ruataniwha Street PO Box 127 Waipawa 4240</i></p> <p><i>Telephone: (06) 857 8060 Fax: (06) 857 7179</i></p> | | Office Use Only | |
| Organisation: | Contractor: | | Client: |
| Contractor Details | Postal Address: | Tel: Fax: Email: | |
| Contract Name/ No. | | | |
| Location: | Road Name(s) | Road Level (1,2,3) | Speed Limit From RP To RP |
| Description of Activity | | | |
| Work Programme | | Start Date: Finish Date: | |
| Proposed Work Hours | | Restricted Work Hours: | |
| Traffic Details (Main Route) | AADT | Peak Hour Flow | |
| Proposed Traffic Management Method | Active: | | |
| | Unattended: | | |
| | Night: | | |
| Proposed Speed Restrictions | | | |
| Positive Traffic Management Measures | | | |
| Contingency Plans | | | |
| Public Notification | | | |

| | | |
|--|---|---|
| Personal Safety | | |
| On-Site Monitoring | Attended: Unattended: Overnight: Other Times: | |
| Other Information | | |
| Layout Diagrams | | |
| Traffic Controllers <i>(Include a Copy of Training Certificate or Warrant)</i> | STMS Name: Cert No: Phone (24 hours): | TC Name: Cert No: Phone (24 hours): |
| TMP prepared accurately to represent site conditions and submitted by: | Contractor/ Applicant: Signature: Cert No: Date: | |
| Engineer Name: Signature: Date: | Approved <input type="checkbox"/> | Requires Amendment <input type="checkbox"/> Engineer: Signature: Date: |

NB: Please attach the following with this application where applicable:

Fees

The appropriate layout diagrams ☐ ***\$57.50 (GL#7101190) - Individual Traffic Mgt Plan***
Copy of STMS/ TC Certificates ☐ ***\$1,500 (GL# 7101190) - Generic Traffic Mgt Plan*** ☐

Purchase Order Number for invoicing: _____

Fees previously submitted: _____ ☐