



Permission to place a skip on the Highway application form

Skip company information

Company name:

Company address:

Postcode:

Tel:

Email:

Exact Proposed location of skip(s)

Building name / number: _____

Street / Road name: _____

Area and postcode: _____

Period from: _____ To: _____

Location assessment – will the skip(s) be placed:

Within 15m of a road junction? _____

Within 25m of traffic signals? _____

On a road where double white lines are placed along
the central carriageway? _____

In a 'Zebra Controlled Area' or within the limits
of a Pelican Crossing? _____

Near the approach to the brow of a hill or where there
is loss of view of the road ahead? _____

On yellow zig-zags in front of or near to a school? _____

On a road where there are parking restrictions? On a
road less than 4.5m wide? _____

For official use only

Special conditions: _____

**Public Liability Insurance covering up to £5,000,000 and Waste Carrier
Licence (Upper Tier) will be required.**

Applications must be submitted by the skip company not the hirer