

Permission to place a skip on the Highway application form

Skip company information:

Company name: _____

Company address: _____

_____ Postcode: _____

Tel: _____

e:mail: _____

Exact Proposed location of the 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? _____

Supporting Information:

Please e-mail the completed form to: streetworks.coord@stockport.gov.uk

Applications must be submitted by the skip company not the hirer.