



Application to place a Container/Cabin Welfare Unit on the Highway

Company Name (Hirer)

Company name: _____

Company address: _____

Postcode: _____

Tel: _____

email: _____

Exact Proposed location of Unit(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? _____

Advanced Payment is required along with a copy of the Public Liability
Insurance covering up to £5,000,000