



Part 1: Details of Applicant

Requested by:		Dept/Company:	
Address:			
Tel Number:		Mob Number:	
After Hours Contact Number:		Fax Number:	
Contact Email Address:			

Part 2: Description of Works

Location of Works:					
Start Date:		Duration of Works:		Completion Date:	
Proposed Works Details: (If an Excavation please State, length, width & Depth)					
Nature of Diversions:	Traffic: Yes / No		Pedestrian : Yes / No		
Description of Required Traffic/Pedestrian Diversion:					

(Note: Please attach site plan/sketch/photographs)

Signature of Applicant: _____ Date: _____

Office Use Only			
Approved:		Not Approved:	
Authorising Officer:		Rank/Title:	
CC:	RGP: Yes / No	Other Department/s:	

Note : (All applications must be submitted 30 days prior to start of proposed works)



Technical Services Department

HM Government of Gibraltar

ROAD WORKS
APPLICATION FORM

Site Plans/Sketches/Photographs

Office Use Only

Remarks / Highway Conditions:

Technical Services Department

HM Government of Gibraltar • Highways Section, Unit 90 New Harbours • Gibraltar GX11 1AA

t +350 20042098 **e** tsd-highways@gibraltar.gov.gi **w** gibraltar.gov.gi