



DON'T FORGET YOUR MAP

**NORTH TIPPERARY COUNTY COUNCIL
WATER SERVICES, CIVIC OFFICES,
LIMERICK ROAD, NENAGH, CO. TIPPERARY.**

APPLICATION FOR LICENCE TO EXCAVATE STREET, FOOTWAY OR PUBLIC OPEN SPACE

PPS No(s): _____

Name: _____ Phone No's: _____

Address: _____

PUBLIC LIABILITY INSURANCE
If works to be carried out by a contractor please attach copy of Insurance Cover.

DETAILS OF ROAD OPENING

Townland: _____

Exact Location: _____
O.S. Map (Scale 1:2500) to be submitted indicating clearly in red the location and extent of proposed opening.

NOTE: NO APPLICATION WILL BE CONSIDERED UNLESS ACCOMPANIED BY THE ABOVE MAP OR SKETCH PLAN. SKETCH PLAN MAY SUFFICE FOR ROAD CORSSINGS ONLY.

Details of Surface to be excavated

Road _____ x _____

Footpath _____ x _____

Grass Verge _____ x _____

EXCAVATION & RESTORATION DETAILS

Licensee must notify the County Council at least 3 working days prior to commencement of works. Backfilling must be carried out in accordance with specification attached.

NOTE: NO BACKFILLING IS TO TAKE PLACE IN ANY SITUATION, UNTIL THE BACKFILL MATERIAL HAS BEEN INSPECTED AND APPROVED BY A NOMINATED COUNTY COUNCIL EMPLOYEE.

LICENCE REQUIRED FOR: (Tick appropriate box)

Connection to water main:

Connection to the sewer:

Other (Please Specify): _____

Separate Application Forms for Water and/or Sewerage are available in Water Services Section.

TEMPORARY RESTORATION

NOTE: LICENSEE IS RESPONSIBLE FOR THE TEMPORARY RESTORATION FOR A PERIOD OF 60 DAYS OR UNTIL SUCH TIME AS PERMANENT RESTORATION IS CARRIED OUT BY THE COUNTY COUNCIL FOLLOWING NOTIFICATION BY APPLICANT.

FOR OFFICE USE ONLY

Certificate of Area Executive Engineer
Subject to receipt of payment in advance as calculated hereunder and in accordance with conditions, I hereby recommend that permission be granted to open the public road as requested:

Signed: _____ (Engineer)

Date: _____

Road Type	Length Metres	Width Metres
Local	_____	x _____
Regional	_____	x _____
National	_____	x _____
Footpath	_____	x _____
Grass Verge	_____	x _____

Office use only

Fee _____

Deposit _____

Insurance _____

Total Due £ _____

Approval For Refund – Executive Engineer

The road restoration work has:

1. Been properly completed
2. Not been properly completed

If applicable, refund the sum of _____

Signed: _____
Senior Executive Engineer

Date: _____

I hereby certify that the above details are correct and agree to be bound by the terms of the Licence. I also certify that I have read the specification attached.

Signed: _____ Date: _____

SPECIFICATION FOR TRENCH REINSTATEMENT

1. ROAD SURFACE AND HARD SHOULDER

MATERIAL	National Roads	Regional Roads	County Roads
Hot Rolled Asphalt or Wearing Course	40 mm	40 mm	Not applicable
Dense Basecourse Bitamac	60 mm	60 mm	100mm on Road 50 mm on Shoulder
Lean-Mix Concrete Roadbase – $f_{cu} = 10 \text{ N/mm}^2$	600mm	400mm	Not applicable
Granular Sub-base to Clause 804 of General Specification	300mm	300mm	500mm

2. ROAD VERGE (Within 600mm of Hard Shoulder)

MATERIAL	National Roads	Regional Roads	County Roads
Topsoil – grass seeded and fertilized	150mm	150mm	150mm
Granular Sub-base to Clause 804 of General Specification. Select general fill.	600mm	600mm	Not applicable