



Frankston City Council – Traffic Management Plan Application

Applicant Details

Name _____

Postal address: _____

Suburb: _____ Post code: _____ Phone: _____

Email address: _____

Contractor Details

Contractor Company Name: _____

Onsite Contact Name: _____

Onsite Contact Mobile: _____

Traffic Management Company Details

Traffic Management Company Name: _____

Onsite Contact Name: _____

Onsite Contact Mobile: _____

Other Approvals

	Yes	No	Permit/Application Number
Council Planning Permit:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Council Works within Road Reserve:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vic Roads Road Reserve Permit:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vic Roads Notification of Works:	<input type="checkbox"/>	<input type="checkbox"/>	_____





Location Details

Declared Road Name: _____

Local Road Name: _____

Suburb: _____

Nearest Intersection _____

Other Location Details: _____

Description of Work/Event

****Authorisation from Department of Transport and Planning (DTP) / VicRoads is required for Major Traffic Control Devices (incl. speed reductions)****

Type of Work/Event: _____

Scope of Works: _____

Lane Closure Details: _____

Direction of Lane Closure: _____

Speed Reduction and Time Delay: _____

Is this Application previously Authorised: _____

If Previously Authorised Provide Permit Reference: _____

Major Control Devices: _____

Minor Control Devices: _____

Minor Control Devices Aftercare _____

Major Control Aftercare: _____





Expected Display Dates/Times

Monday: ☐
Tuesday: ☐
Wednesday: ☐
Thursday: ☐
Friday: ☐
Saturday: ☐
Sunday: ☐

Erection Date: _____
Removal Date: _____
Daily Display Times (i.e. 3.3pm-9.30am) _____
Display Times (after care) _____
Permanent Devices to be changed or Covered _____

Acknowledgement

I/We also agree and acknowledge that:

1. The Traffic Control Devices will be removed before the "Expiry (Removal) Date" unless a further authorisation has been granted;
2. Accurate records of actual usage will be kept in a recoverable document (eg. diary);
3. The attached plans are a true and accurate reflection of the base information and proposed treatment(s);
4. The treatment(s) as shown on the plan(s) are in accordance with the Worksite Safety Traffic Management - Code of Practice; and
5. Frankston City Council's Traffic Management Plan Standard Conditions will be adhered to.

Signed _____

Date _____



Supporting documentation checklist

The following documentation must be provided to Frankston City Council at the time of application. Applications received without the required documentation will not be processed.

Please complete self-checklist below

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Certificate of Currency (Public Liability Insurance)

Cover must be current for the date/s requested to conduct the works and show cover to the value of greater than \$20M.

☐

Traffic Management Plan (TMP)

1:100 outlining the proposed location provision of traffic and signage for the duration of the works. With the exception of Pedestrian Management Plan or some TMP to be determined by Council, all TMPs plans must be prepared by qualified Traffic Management personnel and comply with Code of Practice Worksite Safety Traffic Management

☐

Any Other Supporting Documents

For further information please contact Engineering Department on 1300 322 322.



How to Apply

Please complete this application form and return with the required supporting documentation to Council via one of the methods below.

- ☐ In Person Frankston City Council - Civic Centre
30 Davey Street
Frankston VIC 3199
- ☐ By Mail Frankston City Council
PO Box 490
Frankston VIC 3199
- ☐ By Email Please email this completed application form to:
info@frankston.vic.gov.au

Next Steps

1. When we have received your application, we will contact you to advise how to pay. If you have provided an email address, **you will receive a link with details explaining how to pay the fee online.**
2. Once we have received payment, you will receive your permit **within 10 business days.**

Office use only

Payee name: _____ Account code: AP _____

Total: \$ 300.00 as of
1/7/ 2024



