

Section 184; Highways Act 1980 Vehicle Crossings over Footways and Verges

Preliminary Application Form (1);

For assistance completing this form, please reference the accompanying guidance notes and procedure.

Applicant (Name):				
Address:				
Address (of propos	ed			
vehicle crossing if	,			
different from above	e):			
Telephone No.:				
Email Address:				
Is there an existing	Yes /	No	Do you intend to widen	Yes / No / N/A
access?	,	/ No	this access?	Yes / No / N/A
Is planning permiss			Has planning	
required?	Yes /	No	permission been	Yes / No / N/A
(See guidance note	, ,		granted?	
Planning Ref. No. (Please provide if applicable):				
Please use the space below to provide a sketch/plan showing proposed arrangement or				
provide a detailed description of your requirements (or include approved planning drawing):				
Please provide photographs if available (although not essential)				
Signed:				
Oigiliou.				
Date:				