

Ref: MDS

Duct Survey Application Form



Communications Regulation Act 2002, as amended. Application by a Network Operator to Carry Out a Survey Prior to Proposed Roadworks on Motorways/Dual Carriageways

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This form is to be completed in BLOCK LETTERS.

Applicant Name: _____

Company Address: _____

Contact Office Phone Number: _____

Contact Fax Number: _____

Contact Mobile Number: _____

Contact E-mail: _____

Proposed Survey Commencement Date: ___/___/___ Proposed Completion Date: ___/___/___

Please tick the route(s) where you propose carrying out roadworks.

- | | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|
| M50 Dublin Area | <input type="checkbox"/> | M7/M8 Dublin – Cork | <input type="checkbox"/> |
| M1 Dublin – Border | <input type="checkbox"/> | M9 Dublin – Waterford | <input type="checkbox"/> |
| M2 Dublin – Ashbourne | <input type="checkbox"/> | M11 Dublin - Wexford | <input type="checkbox"/> |
| M3 Clonee-Kells | <input type="checkbox"/> | M18 Limerick - Galway | <input type="checkbox"/> |
| M4/M6 Dublin-Galway | <input type="checkbox"/> | | |
| M7 Dublin-Limerick | <input type="checkbox"/> | | |
| | | Other | <input type="checkbox"/> |
| | | Please specify: _____ | |

For each route that you propose to survey, specify the carriageway direction that you propose to survey eg: northbound, southbound

Route: _____	Proposed direction: _____
Route: _____	Proposed direction: _____
Route: _____	Proposed direction: _____

NOTE:

Your application should include:

- 2 no. copies of **location map** and 2 copies of **drawings** showing the exact location of proposed survey clearly shown.
- **Traffic Management Plan** in accordance with Chapter 8 of the Department of Transport's Traffic Signs Manual.

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- **Evidence of Employer's and Public Liability Insurance** cover for limits not less than €13 million and €7 million respectively in respect of legal liability for bodily injury or third party damage claims arising in connection with the activities, the subject of the application, until completion of the period, where appropriate, to the satisfaction of the National Roads Authority and/or road authority. These policies must be extended to indemnify the National Roads Authority and/or the road authority.

I wish to seek the approval of the NRA to conduct a survey of the route(s) indicated above and shall be solely liable for and shall indemnify the National Roads Authority and/or road authority from and against all claims in respect of injury or damage to persons or property that may be occasioned in connection with or arising out of the survey the subject of this application and/or the activities associated with or arising thereout and against road-opening or all actions or proceedings that may at any time be brought against the National Roads Authority and/or road authority in consequence of such injury or damage and against all costs expenses and liability connected therewith.

Signed: _____

NAME: _____ **Date:** _____

(BLOCK CAPITALS)