

Route Access Application by Transport Operator



ABN 21 086 180 442
2 Midland Square, Midland WA 6056
Ph (08) 9267 9267 Fax (08) 9267 9444
swan@swan.wa.gov.au
www.swan.wa.gov.au

PLEASE ADDRESS THIS APPLICATION TO:

swan@swan.wa.gov.au,
Subject: Route Access Application by Transport Operator
Attention Asset Management:
City of Swan, PO Box 196, Midland WA 6936

1. Applicant (usually the Company Name)

Applicant Name:

Applicant Address:

.....

Contact Person:

Contact Number:

Email Address:

Is the Operator a Member of Main Roads WA Heavy Vehicle Accreditation Scheme? Yes No

Location of Site:

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2. Details of Proposed Route

Do you have City of Swan Planning Approval for a related development?
(If so, please provide the reference number)

List the roads to be used for access:

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Please attach a route map to this Application

Is this application for ONGOING use or only for a 'ONE OFF' situation? ONGOING ONE-OFF

If ONGOING:

a) How many movements are expected per day or per week?

b) What are the intended operating hours?

c) What is the period for which the application is made? (up to one year)?

Does the destination site have full off-road capacity for:

a) Turning?

b) Loading/unloading?

c) Parking?

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2. Details of Proposed Route (cont)

Where will the vehicles (s) be parked outside the hours of operation (Address):

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If parked within the City of Swan does this (do these) site(s) have full off-road capacity for

a) Turning?

b) Parking?

Please provide registration numbers of prime mover and trailers which will use the route. As the City of Swan may wish to monitor compliance with the permit conditions (if any).

3. Details of Vehicle

Type of vehicle to be used (eg. Truck-Trailer, B-Double, Road Trail, Long Vehicle, Low Loader, other) including reasons outlining why this type of vehicle is most suitable:

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To assist in assessing the route, provide the following vehicle details:

a) Maximum Height of vehicle and load (metres)

b) Maximum overall combination length including attachments (metres).

c) Maximum overall width including load width (metres).

d) Gross Vehicle Mass-Loaded.

e) Gross Vehicle Mass-Unloaded.

Does your application include the use of Oversize or Overmass (OSOM) vehicles (such as low loaders, cranes etc)? Yes No

If YES, please provide the following details:

a) Axle Spacing

b) Axle Loadings

c) Tyre Size

a) Vehicle Width

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4. Other relevant information

What type of freight is being transported? (denote if Dangerous Goods):

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Please provide any other supporting information to support the Application:

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5. Office Use

The above proposal is:

Approved Not Approved

Comments

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Signature: Date:/...../.....