

## Tramway Activity Permit Application

### PART 1

#### Contact Details

Please Print Clearly in all fields

Name of Person applying for safety permit <b><u>The Duty Holder</u></b>	
Address	
Town	
County	
Post Code	
Tel No.	E-mail

Brief activity details to be undertaken by <b><u>The Duty Holder</u></b>	
Address	
Exact Location	
Column Numbers if applicable	
Nature of Activity	
<b>Activity Date(s)</b>	
<b>Permit Duration Requested</b>	

**Permit Application Fee Paid**      Yes       No

Please tick ✓ all necessary requirements

Access Across	<input type="checkbox"/>	Isolation of Overhead	<input type="checkbox"/>	Closure of a Single	<input type="checkbox"/>
Closure of the Both Lines	<input type="checkbox"/>	Open Line Operation	<input type="checkbox"/>	Hold an Event	<input type="checkbox"/>
Access to Infrastructure	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

If other please explain

**Emergency Contact Details**

**During normal hours**

Name

Tel No.

**Outside normal hours**

Name

Tel No.

Signed

Date

.....

.....

**Duty Holder**

**PART 2**

**Competency Submission**

Full explanation and description of activity

**The following information MUST be included with the submission**

- Plan showing layout of activities and transit routes
- Risk Assessments
- Method Statements
- Safe Systems of Work
- Details of Insurance
- Relevant Training Records

**PART 3**

Permit No. \_\_\_\_\_

A copy of this Permit must be displayed/retained on site at all times

<b>Duty Holder Details</b>	
Full Name	
Date of Application	
<b>Location</b>	
<b>Permit Requirements</b>	
Start Date:	Time:
End Date:	Time:

<b><u>Limitations of Permit</u></b>	
<b><u>Signed on by:</u></b>	<b><u>Agreed by:</u></b>
<b>Blackpool Council</b>	<b>Blackpool Transport Services</b>
.....	.....
<b>Dual signature required</b>	
<b><u>Signed off by:</u></b>	<b>Copy forwarded to Blackpool Transport</b>
<b>Blackpool Council (TSO)</b>	<b>Date</b>
.....	.....
<b>Single signature sufficient</b>	