

Streetworks Notice of Works Form

To: Streetworks Tea	m, Bedf	ord Borough	Council	* Indicates a mandatory fie	ld to be completed	
* From:				*Telephone Number:		
* Email Address:				*Mobile Telephone:		
* Contact Name:				*Emergency Contact:		
REFERENCE Works Reference:						
* PURPOSE (please select)	one box o	nly)				
Initial Notice:	itial Notice: Confirmation Notice:			Cancellation:		
Start Notice:	: Stop Notice:			Revised Duration:		
* TIMING Date of Issue (dd/mm/yyy Expected Start Date (dd/m Actual Start Date (dd/mm/ Actual Stop Date (dd/mm/	im/yyyy): /yyyy):		Time of Issue (Emergency Only): Expected Completion Date (dd/mm/yyyy): Revised Completion Date (dd/mm/yyyy):			
* WORKS CATEGORY (plea	se select <u>o</u>	one box only)				
Emergency Works: Minor (up to 3 day			rs): Standard (up to 10 days):			
Major (over 10 days): Remedial Reinste			ement:			
SPECIAL ENGINEERING D	IFFICULTY	′ (SED)				
Is SED involved? YES:	NO:	If YES, has the re	elevant auth	nority approved the works?	YES: NO:	
* LOCATION DETAILS Description or House Nam Street Name: Locality, Town: Co-ordinates: Easting:	e / Numbe	er: Nortl	ning:			
* DESCRIPTION OF WORK	S:					
* TRAFFIC MANAGEMENT * DIMENSIONS OF EXCAV/		Please tick one	: Verge:	Carriageway:	Footway:	
Bedford Borough Council A 01234 718040	ber:	REF. (COUNCIL USE ONLY):				
the application form h	as been	submitted, the	fee will	e event of the works being still be charged to th s submitted in conjunction	ne applicant to	
Please save th	e filled-ir	n form & email	Please se	end this form back when	you start and	

Please send this form back when you start and complete the works as per code of practice, failure to do so will incur a fine.