

Skip Licence Application



Declaration

I of
.....
..... Tel No

hereby agree that the condition of the footway(s) and/or carriageway(s) prior to the skip being deposited is as follows :-

.....
.....

Location of Skip: - House number..... Address.....
..... Post code.....

Date from..... Date to:

Permit Fee Payable to: Calderdale MBC

£30.00 (No VAT)

I agree that I am responsible for making good any damage caused to that footway(s) and/or carriageway(s) by the said skip to the satisfaction of the Head of Highways & Engineering or to pay to the Council all costs and expenses (including normal establishments charges) incurred by the Council in making good the same.

I agree to notify the Head of Highways & Engineering at the address stated below immediately the skip is removed and to agree with him, as the representative of the Council, the extent of the damage caused and the amount of reinstatement work necessary.

Dated

Signed

Please return this form to:-

Calderdale Metropolitan Borough Council
Network Management
Mulcture House
Mulcture Hall Road
Halifax
HX1 1SP

Telephone: 01422 288002
Email: streetworks@calderdale.gov.uk