

Scaffold & Hoarding Indemnity & Instructions - Highways Act 1980**SITE / LOCATION:**

Regarding your forthcoming works, I am writing to advise that **you must meet the following conditions** in relation to scaffolding and hoarding:

1. Complete, sign and return the enclosed Indemnity Form **before** starting work on the public highway, **together with the required fees.**
2. Complete the application form and return with the Indemnity Form **before** erecting any scaffolding / hoarding. We can arrange a joint inspection of the surrounding highway to agree the extent of any existing highway damage. Failure to arrange this inspection may result in any existing damage being charged to you when the scaffolding / hoarding is removed.
3. Maintain all scaffolding / hoarding in a satisfactory condition to ensure that there is no danger to highway users. Failure to do so will result in the council withdrawing approval.
4. The Council will repair any damage caused to the highway during by or as a result of your works. On completion of repairs, you will be charged the cost of repairs plus £25%
5. You must affix diagonal slats to the hoarding to avoid any fly posting.
6. The council reserves the right to rescind this approval at anytime.
7. **No work is to be undertaken before receiving a licence.**

(a) For each footway or carriageway enclosure, we require a non-returnable fee of **£75.00** per month.

(b) Damage to the footway or carriageway caused by the scaffold or hoarding will be charged at the cost of repair plus £25%

APPLICATION FOR SCAFFOLD / HOARDING LICENCE

Applicant:		
Address:		
Tel:	Fax:	email:
Location of work:		
Nature of work:		
Licence required:	From:	To:
Dimensions of footway to be enclosed:	Length:metre(s)	Width:metre(s)
Description of surface to be enclosed, eg, tarmac, paving stones, etc.:		
Width of footway available for public use. (If a minimum of 1.2m cannot be maintained, please detail alternative arrangements for pedestrians).		
Signed:		Date:
<ul style="list-style-type: none"> • Please complete, and return this form to the above address, together with a remittance of £75.00 per month as the licence fee • A licence will be sent to the applicant upon receipt of the required fee(s) • Written notification of completion of work is required, • Make cheque payable to: "London Borough of Brent", • Erection of Scaffold / Hoarding is NOT to be undertaken prior to licence being issued. 		

FOR OFFICE USE ONLY

Licence fee: £	
Total amount received: £	Licence No:



INDEMNITY FORM
Scaffolding / Hoarding

In consideration of the Mayor, Alderman and Burgesses of the London Borough of Brent acting by the Council (hereinafter called "the council") having granted me (or us) **permission to place scaffolding / hoarding in the road known ...**

The following information to be completed by applicant

as:

For the purpose of **placing scaffolding / hoarding on the public highway**

(a) For each footway or carriageway enclosure, the council requires a **non-returnable fee of £75.00** per month.

I (or we) undertake to comply so far as may be necessary with each and every provision of the Highways Act 1980 and any other subsequent instruction written by an authorised representative of this authority or any modification or amendment thereof and to indemnify the council and their officers in respect of all costs, penalties, claims or charges which may arise by reason of any default on my (or our) part thereunder.

I (or we) further undertake, after filling in the above mentioned excavation, to maintain the road surface in a good and safe condition until such time as such road surfaces shall be permanently reinstated by the council **following written notification of completion whose proper charges in this respect I (or we) will pay on demand.** I (or we) also agree to indemnify the council in respect of all costs, charges or claims arising through any default of my (or our) part in complying with any of the provisions of this undertaking.

On completion of work, please inform the council in writing

Date: _____(day) _____(month) 201_

Signature _____

Name in full _____(BLOCK CAPITALS)

Address:

Telephone No:

Fax No:



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IF YOU WOULD LIKE THIS DOCUMENT IN A LARGER FONT SIZE PLEASE CONTACT 020 8937 5359