

## Access & Use Application Form

Works Location:	
Works Description:	
Client:	
Client Contact:	
Contractor:	
Contractor Contact:	



When submitting your application, please also supply, (where relevant), specifications, drawings, schedules, calculations (electrical or otherwise), risk assessments, method statements and evidence of public liability insurance cover, (minimum £5,000,000). A check list is provided at the bottom of this page.

All works must comply with CDM (Construction, Design and Management) Regulations 2015 (See <u>HSE website</u>) All works must comply with Port of Dover Contractors Safety Code. (Available upon request)

Method Statements								
All method statements must be site specific and should include the following items, as appropriate, if applicable and included, please tick box								
Building structural work calculations		Electrical work calculations		Lifting (crane) works, including lifting plans				
Mechanical work calculations		Lighting design calculations		indications of where DHB permit will be needed*				
L Traffic management plans in accordance	Traffic management plans in accordance with the New Roads and Street Works Act 1991 – Code of Practice Safety at Street Works and							
Road Works so far as reasonably possible								
Details of any intended cable installations;	All r	new/replacement cabling work will re	quire	a drawing of the exact route of the				
cables; Any redundant cabling relating to this work sanction must be removed in its entirety								
* Hot works, permits to dig, etc.								
Risk Assessments								
All risk assessments must be site specific and should address the following issues, as appropriate, if applicable and included, please tick box								
Risk to the public and Port staff		Risk to the building structure		Chemical risk, i.e. COSHH				
Fire risk		Asbestos risk		Traffic risk				

Dependant on the work requested, you may be required to apply for a licence, in particular if you are having equipment installed or if works/alterations are taking place on your leased premises which are not provided for in your lease or arrangement under which you occupy the premises.

Please note that should a licence be required, an additional licence fee will be payable and the works sanction will not be authorised until the licence has been issued.

This application will not be issued until all relevant documentation has been received and the invoice for the application fee\* paid and showing in cleared funds.

\* Please consult DHB's prevailing Commercial Tariff Book for the applicable charges.

## The lead in time for an Application and Licence is 3 weeks.

Some requests will require "as built drawings". Where this is the case, the Permit to undertake works will contain a condition that they are to be provided to DHB within 4 weeks from the completion of the work.

If you require assistance in completing this form, please contact Estates on 01304 240400 Ext 5577 or via estates@doverport.co.uk

Application Requirements — Checklist  Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required has been submitted.							
Construction Phase Plan: Yes		No		Asbestos Register Checked: Yes No			
Site specific risk assessments: Yes		No		Public Liability Insurance: Yes No	)		
Site specific method statements: Yes		No		Site Location Plan: Yes No	)		
Drawing(s)/Plan(s)/Design(s): Yes		No		If applying for annual works sanction please tick	:		

Once completed, this form and all additional information referred to above should be emailed to: access.use@doverport.co.uk

Or sent by post to: Access & Use Co-ordinator, Dover Harbour Board, Harbour House, Dover, Kent CT17 9BU





1. Applicant Contact Details	2. Agent Contact Details			
(This will normally be the Tenant or Licensee)	(This will normally be the Contractor/Principal Contractor)			
Company Name:	Company Name:			
Address:	Address:			
Postcode:	Postcode:			
Contact Name:	Contact Name:			
Email address:	Email address:			
Tel No:	Tel No:			
3. Site Address				
Building Name: (if applicable)	Room Number: (if applicable)			
Address including Postcode: (If same as Applicant Address including Postcode)	ddress, please enter 'As 1' above)			
Description of exact location works taking place:				
Please advise works area/site compound requirements by providing drawing if outside the tenant's demise				
4. Subcontractors				
Please list any sub-contractors also attending site:	Combact Name			
Company Name:	Contact Name:			
Company Name:	Contact Name:			
Company Name:	Contact Name:			
Company Name:	Contact Name:			
Company Name:	Contact Name:			





5.	Description of the Proposal					
Please de	lease describe the proposed works, including any change of use:					
Start D	ate of works:		End Date of Works:			
6.	Existing Use					
Please de	escribe the current u	se of the site:				





7. Pre-application Ad	lvice					
Has assistance or prior advice been sought from Port of Dover about these works?  Yes  No						
If Yes, please complete the following	g information about the advice you were given.					
Name of Person contacted:						
Information Provided:						
8. Products and Mate	8. Products and Materials.					
Unless otherwise provided in submit	ted drawings/documents, please state specification of proprietary products and ma	iterials proposed:				
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes  No						
If Yes, please state references for the plan(s)/drawing(s)/design and access statement:						
Does the proposal involve the use of	r storage of any hazardous materials?	No				
9. Permits	issued by DUD. Disposition the valence have if you halians the week your are present					
permit.  Hot Works:	issued by DHB. Please tick the relevant box if you believe the work you are propo  Working in Confined Space:	sing will require issue of a				
Electrical Systems:	Digging:					
Asbestos: Isolate Fire Alarm:						





10. Invoice Details						
Please complete details of where Invoice for works sanction application, (and licence if applicable), is to be sent. (If same as Applicant or Agent Address, please enter 'As 1' or 'As 2' above)						
Title:		First Name:		Last name:		
Compa	any Name:	:		·		
	Address					
	Postcode:	:				
Ema	il address:	:				
	Tel No:	:				
11. Declaration						
I/we hereby apply for consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that we understand the requirements of the CDM Regulations.						
Signed App	olicant:			Signed Applicant:		
	Date:			Date:		