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| Please read the ‘Notes of Guidance for Applicants’ before completing this application form.  **A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED TO PROCESS AN APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Contact Details –** This information will be available to the public | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr Mrs Ms | | | | | | | | | First name: | | | | | |  | | | | | | | | | | | Surname: | | | | |  | | | | | | | | | |
| Company/ Organisation: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | DCC ID: | | |  | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel No: | |  | | | | | | | | | | | | | | | | E mail: | |  | | | | | | | | | | | | | | | | | | | | |
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| **Emergency contact details –** This information is required for DCC use only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 hour Contact Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24hr telephone Number: | | | | | | | | | | | |  | | | | | | | | | | Fax Number: | | | | | | |  | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signing Contractor details –** This information is required for DCC use only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company/ Organisation: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | DCC ID: | | |  | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tel No: | |  | | | | | | | | | | | | | | | | E mail: | |  | | | | | | | | | | | | | | | | | | | | |
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| **Details of Temporary Restrictions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| is it: Emergency | | | | | | | | | | |  | | | Planned Works: TTRO | | | | | | | | | | | | | | | |  | | TTRN | | |  | |  | | | |
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| 24 hrs a day | | | | |  | | 7 days a week | | | | | | | | |  | Other (Intermittent) | | | | | | | |  | | If other, specify | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date / Time: | | | | | | | |  | | | | | | | | | | | | | Finish Date / Time: | | | | | | | | |  | | | | | | | | | |  |
|  | | | | | | | | dd/mm/yy hh:mm | | | | | | | | | | | | |  | | | | | | | | | dd/mm/yy hh:mm | | | | | | | | | |  |
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| Utility Work | | | | | | DCC Highway Works | | | | | | | | | | |  | | Private Street Works Licence (s.50) | | | | | | | | | | | | | |  | | | | | Other  (Please specify) | | |
|  | | | | | | *RMS No:* | | | | | | |  | | | | | | *ETON/s.50 licence ref* | | | | | | | | |  | | | | | | | | | |  | | |
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| Explanation/description of proposed works/activity and justification for a reduced notice period: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If this proposal has been discussed with an officer of DCC, please provide details.  Who, when and what arrangements have been agreed prior to this application? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Details of a Proposed Temporary Road Closure** | | | | | | | |
| Road Number *(e.g. A379 or U/C)* | | | | |  | | |
| Street Name/Description: | | | |  | | | |
| Parish/Town: | | |  | | | | |
| Section of highway to be closed: *(e.g. From High Street To outside no. 34 South Street)* | | | | | | | |
| From : |  | | | | | 12 fig Grid Ref: |  |
| To: | |  | | | | 12 fig Grid Ref: |  |
|  | | | | | | | |
| **Proposed Diversion Route** | | | | | | | |
| Proposed diversion route: *(e.g “Via High Street, North Street & South Street & Vice Versa” or “N/A”)* | | | | | | | |
|  | | | | | | | |
| ***If the proposed diversion route includes an adjoining authority’s road, you must provide a copy of the written approval to place signs on their road.*** *(Includes:*M5, A303, A38, A35, A30 (Part) which are the responsibility of the Highways Agency, and all roads in Torbay, Plymouth, Cornwall, Somerset, Dorset. | | | | | | | |

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| **Details of other restrictions required eg. One Way, Clearway, Suspension of Parking** | | | | |
| Road Name / Number and Description | From | To | Date(s) | Times |
| *EG. STATION ROAD*  *SUSPEND ONE WAY* | *FORE STREET* | *HIGH STREET* | *1/1/2012* | *7am to 11pm* |

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| **Location / Address to Deliver and Collect No Parking Cones** |
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| **Co-ordination** (Other works/Events identified that may affect, or be affected by my request to close a road) | | | |
| **Where you have given less than 3 months notice you to provide justification for starting early** | | | |
| Location | Reference | What is the conflict? | How is this being managed?  *Please provide details of discussions held* |

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| **Consultation** | | | |
| **Please list Organisations/ Businesses and individuals consulted** | **Contact Name** | **Phone Number** | **Restrictions requested by the consultee** |

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| **Applicants Checklist** | |
| Please ensure you enclose the following: |  |
| 1. The correct payment, made payable to Devon County Council |  |
| 1. Insurance Certificate (Copy) (assuming DCC do not already hold an up to date copy on file) |  |
| 1. Co-ordination with other proposals in the vicinity   (Include copies of correspondence/agreements with affected parties) |  |
| 1. Justification for a reduced notice period (if applicable) |  |
| 1. Copy of signing contractors Ch 8 Accreditation (assuming DCC do not already hold an up to date copy on file) |  |
| 1. Traffic Management Plan |  |
| 1. Plan of venue indicating proposed car parking, on site tracks/routes, access and exit points, pick up and drop off points and public transport links. |  |
| 1. Map (of suitable quality and scale) indicating road closure, proposed diversion route and Public Rights of Way affected |  |
| 1. any Traffic Regulation Orders that need to be suspended/amended |  |
| 1. Describe any other restrictions e.g. low bridges, tunnels, narrow roads, weight limits etc |  |
| 1. Attach written evidence of authority to erect signs on another authority’s road |  |

**Note: If the application is incomplete or information provided is inadequate, the application will rejected prior to processing.**

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| **Declaration and Payment** | | | | | | | |
| * I have read and understand fully the Notes of Guidance for Applicants (guidance notes) provided to me and will adhere to all responsibilities/duties required by Devon County Council. * I declare that any road closures I have requested meet the criteria set out in the guidance notes. * I understand that the cost for a temporary traffic order/notice is as detailed in the guidance notes. * I declare that I have consulted and discussed this closure/restrictions with those likely to be affected. * I agree to provide and maintain all lining, coning & signing, including advanced notice boards, required for the restrictions for the duration of the works. * I understand that I am responsible for the 24 hours signing and guarding and maintenance of the site and diversion route in accordance with Chapter 8 and the Code of Practice for Safety at Street Works and Road Works. | | | | | | | |
| Payment enclosed | | Order No: |  | | Insurance Cert No: | |  |
|  | |  |  | |  | | |
| Name |  | | | Position | |  | |

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| Signed: |  |

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| Date |  |  |
|  | | |

**Please return the completed application form, checklist and enclosures to:**

Devon Highways

Lucombe House

County Hall

Exeter

EX2 4QD

**or**

[roadclosures@devon.gov.uk](mailto:roadclosures@devon.gov.uk)

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| --- |
| **DO NOT ATTEMPT TO CLOSE THE ROAD WITHOUT LAWFUL AUTHORITY** |