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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: |  |
|  | Post Code: |  |
| Tel No: |  | E mail: |  |
|  |  |  |  |
| **Emergency contact details –** This information is required for DCC use only |
| 24 hour Contact Name: |  |
| 24hr telephone Number: |  | Fax Number: |  |
| Email: |  |
|  |  |
| **Signing Contractor details –** This information is required for DCC use only |
| Company/ Organisation: |  | DCC ID: |  |
| Address: |  |
|  | Post Code: |  |
| Tel No: |  | E mail: |  |
|  |
| **Details of Temporary Restrictions** |
|  |
| is it: Emergency | [ ]  | Planned Works: TTRO | [ ]  | TTRN | [ ]  |  |
|  |
| 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 |  |
|  |  |  |  |  |
| Utility Work [ ]  | DCC Highway Works  | [ ]  | Private Street Works Licence (s.50) | [ ]  | Other [ ] (Please specify) |
|  | *RMS No:* |  | *ETON/s.50 licence ref* |       |  |
|  |
| 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.
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| Payment enclosed [ ]   | Order No:  |       | Insurance Cert No: |       |
|  |  |  |  |
| Name |       | Position |       |

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| Signed: |  |

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

Devon Highways

Lucombe House

County Hall

Exeter

EX2 4QD

**or**

 roadclosures@devon.gov.uk

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