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| **Application form**  | **Ref:** |
| **1 TYPE OF TTRO** | **Temporary** | **Emergency** |
| Road Closure / Footpath Closure |  |  |
| Speed Restriction |  |  |
| Other Temporary Orders - E.g, Waiting Restrictions / Weight Restrictions / Height Restrictions |  |  |
| **Order Required** *(tick as appropriate)* |
| ☐ Section 14 (RTA 1984) ☐ Section 16A (RTA 1984) ☐ Section 21 (TPCA 1847) |
| **2 CONTACT DETAILS** |
| **APPLICANT’S DETAILS** | **CONTRACTOR’S DETAILS** |
| Contact Name:  | Name: |
| Company Address:  | Address: |
|  |  |
|  |  |
| Postcode:  | Postcode: |
| Telephone No.(Daytime) | Telephone No.(Daytime) |
| Order Number/charge code: | Site Supervisor’s Name: |
| Email address to send Invoice: | Site Supervisor’s Contact No. |
| **3 LOCATION DETAILS** |
| Road Number: |  |
| Road/Street Name:  |  |
| USRN: |  |
| Length of road to be closed / Restricted: | (Metres) |
| Grid Reference (OSGR) Start Point: |  |  |  |  |  |  |  |  |  |  |  |  |
| Grid Reference (OSGR) End Point: |  |  |  |  |  |  |  |  |  |  |  |  |
| **4 PURPOSE AND NATURE OF WORK:** |
| Describe the purpose and nature of the works |  |
| Permit number: |  |
| Original Speed: MPH | Restrict Speed to: MPH |
| Original Weight / Height: | Restricted Weight / Height: |
| Requested Start date of TTRO |  |
| Requested End date for TTRO |  |
| Start Date of Works: |  |
| Completion Date of Works: |  |
| **Details of actual closure times:** |  |
| Are closures going to be intermittent?  | Yes/No |
| If yes, explain the nature of the closures. |  |
| How many days in the period of the order are you expecting the restriction to be in place? |  |
| What times of day will the road be closed / restricted? |  |

**This application form MUST be accompanied by a Location Plan which shows the point of closure and diversion route or speed restriction etc.**

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| **5 DIVERSION DETAILS** |  |
| Will access be maintained for: | **Yes** | **No** |
| Residents |  |  |
| Businesses |  |  |
| Pedestrians |  |  |
| Cyclists |  |  |
| Explain your proposals for dealing with any access issues mentioned above: |  |
| Detailed diversion route for vehicular traffic: |   |
| **6 CONSULTATION** | * ***It is your responsibility as the applicant to identify and consult with any parties affected by the proposed closure***
 |
| Have you consulted with any affected residents? |  |
| Have you consulted with any affected businesses? |  |
| * Have you consulted with any affected commercial bus or school transport services? (If you are unsure if school services are affected please contact;

*h2s-roadworks@northumberland.gov.uk)* |  |
| **7 TRAFFIC MANAGEMENT COMPANY** |  |
| Name and Address:  |  |
| Contact Name: Email:  |  |
| Contact Number:  |  |

**I/we hereby undertake to carry out the works in accordance with Northumberland County Council’s Guidance Notes along with the requirements of the New Roads and Street Works Act 1991, Regulations and Codes of Practice. And the Road Traffic Regulation Act, 1984, as amended by the Road Traffic (Temporary Restrictions) Act 1991 and closures under the Town and Police Clauses Act 1847**

**I/we hereby undertake to meet the costs as set out on Northumberland County Council’s website**

|  |  |
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| Signed: |  |
| (Print Name) |  |
| For: |  |
| Date: |  |