

TEMPORARY TRAFFIC REGULATION ORDER - APPLICATION

www.leicestershire.gov.uk

PART A. Contact details

Applicants Name	
Company / Organisation	
Address and Post Code	
Phone Number	
Email	
Out of hours contact	

PART B. What type of traffic restriction would you like to put in place?

	Tick as appropriate
Road / Footway closure - Planned	
Road / Footway closure - Emergency	
Public Right Of Way Closure - Planned	
Public Right Of Way Closure - Emergency	
Parking Restriction e.g. double yellow lines	
Speed Restrictions	
Moving restrictions e.g. one way, no right turn	
Other (please state)	

PART C. What works / event will you be carrying out?

Please describe the work or event being requiring the traffic to be temporary restricted.

Reason for restriction e.g.
new gas supply

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PART D. Where will you be working and what roads will be affected?

Parish / Village	
Road name/s	
PROW Number (if applicable)	
Location of road i.e. house number	
Unique Street Reference Number	

PART E. When would you like the restriction to start / for how long?

Date restriction required from	
Date restriction required to	
Duration of restriction (days)	
Times restriction required to / from	

PART F. Access arrangements.

Will emergency services access be maintained throughout the duration of closure?	yes / no
Will pedestrian access be maintained throughout the duration of closure?	
Will winter service access ie gritting, be maintained throughout the duration of closure?	

PART G. Communications

Please tick to confirm the following organisations have been contacted prior to your activity. You may be requested to provide copies of these by our Network Management Team.

Police	<input type="checkbox"/>	Fire	<input type="checkbox"/>
Ambulance	<input type="checkbox"/>	Public transport companies	<input type="checkbox"/>
Local businesses affected	<input type="checkbox"/>	Local residents affected	<input type="checkbox"/>
Relevant District Council	<input type="checkbox"/>	Relevant Parish Council	<input type="checkbox"/>

PART H. Invoice Details

An invoice will be issued for all associated costs. Please ensure your purchase order is submitted with your application to ensure it can be processed and for it to be referenced on the invoice raised.

Purchase Order Number (for external applicants)	<input type="text"/>
	<i>Please enclose copy of purchase order with application</i>
Address to which invoice to be sent	<input type="text"/>
If LCC works (cost code to be used)	<input type="text"/>

PART I. Documents to be included in the application. Please tick to confirm.

Scale drawing of site including any diversion	<input type="checkbox"/>
Schedule of all signs to be used	<input type="checkbox"/>
Risk Assessments / site observations	<input type="checkbox"/>
Local resident / business consultation material	<input type="checkbox"/>
Copy of public liability insurance (minimum £5 million)	<input type="checkbox"/>
Copy of purchase order	<input type="checkbox"/>
Copy of communication	<input type="checkbox"/>
Contingency plan	<input type="checkbox"/>

PART J. Declaration

I have read and understand fully the guidance and conditions above and will adhere to all responsibilities and duties enforced by the document. I agree to pay any associated costs.

Signed	<input type="text"/>
Name	<input type="text"/>
On behalf of (Organisation/Company)	<input type="text"/>
Date	<input type="text"/>

PART K. Please complete this form and either post or email to

Leicestershire County Council, Highways Delivery, Network Management, Arbor Road, Croft, Leicestershire LE9 3GE. Telephone 0116 3052163

Email: networkmanagement@leics.gov.uk

For events applications please email: eventsnetworkmanagement@leics.gov.uk