

**Application to Close A Public Highway (Roadworks)**  
**Road Traffic Regulation Act 1984 – Section 14**

Please read the 'Notes of Guidance for Applicants' before completing this application form. This can be found online at [telford.gov.uk](http://telford.gov.uk)

When completing this form:

Please ensure **ALL** sections are completed.

Please note any application form received without a Purchase Order/Receipt Number will be refused.

Please note a Traffic Management plan must be submitted with this application, showing signage for the closure and diversion route.

Please note that a minimum of 12 weeks notice is required to process an application

This application will not be accepted without a valid Permit Reference Number (if applicable).

**Completion of this application does not guarantee that Telford & Wrekin Council will grant a closure order, and any queries/confirmation must be discussed/obtained from the Streetworks team before work commences.**

**Applicant Contact Details**

Organisation:		Telephone no:	
Contact Name:		Mobile no:	
Invoice Address:		Email address:	

**Emergency Contact Details (24 hours)**

Telephone no:		Contact Name:	
Email address:			

**Signing Contractor Details**

Organisation:		Contact Name:	
Address & Postcode:		Telephone no:	
		Mobile no:	
		Email address:	

## **Closure Details**

Streetworks Permit Number:			
Road Name/ Description:			
Road Number (USRN):		Town/Parish:	
Reason for closure, and how will you minimise the duration of the closure: (e.g. working 7 days a week)			
Description of section to be closed:			
Start Date:		End Date:	
Does the closure operate for 24 hours?	Yes / No	If no, when will the closure be in force?	
Does the closure operate 7 days a week?	Yes / No	If no, when will the closure be in force?	
Will non-vehicular traffic be affected, and how will these users be accommodated during the works?			

<p>What measures will you be putting in place to publicise this closure?</p> <p>E.g. Advanced signage, letter drops etc.</p>					
<p>Closure type: <i>Tick as appropriate</i></p>	<p>Emergency £1100:</p>		<p>Temporary Order £1500:</p>		<p>Extension to existing £750:</p>
<p>If the closure is an emergency, please provide the reason for this emergency road closure:</p>					

**Public Liability Insurance Details**

<p>Name of Insurer:</p>			
<p>Policy Number:</p>			
<p>Expiry Date:</p>		<p>Cover (£5m minimum):</p>	

## **Diversion Details**

Please provide a plan of your works and associated diversion routes, as well as completing the following information with detailed of each affected road. Applications will not be accepted without a diversion plan.

From:		To:	
Via			
Does the reverse route differ? If so, describe the reverse route:			

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

## **Payment Details**

A purchase order number and invoice details must be given below – without this number and details your application will not be processed.

Alternatively if you wish to pay by credit card please call 01952 384000 or visit our website to make payment online – you must provide the receipt number for your payment below.

Paid by Credit Card:	Yes / No	Receipt number TSHW
Purchase Order Number:		
Company Name for Invoice:		
Contact Name for Invoice:		
Address for Invoice:		

## **Third Party Payment declaration:**

If the payment details above are a third party other than the applicant, a representative from the third party company must sign the third party payment declaration below.

I declare that I/we agree to pay all fees and abide by the conditions imposed for any permission granted in response to this application, on behalf of the Applicant.

Name:			
Company:			
Position:			
Signed:		Date:	

## **Declaration**

### **I declare that**

- The section of road detailed above needs to be closed to facilitate works which cannot be carried out whilst maintaining traffic flow.
- the start date for this temporary road closure will be at least twelve weeks from the date of submitting this application
- I/we agree to pay all fees and abide by the conditions imposed for any permission granted in response to this application.

### **and, I understand that**

- An emergency closure by 5 day notice cannot be extended beyond the end date without a temporary traffic order and this will be subject to additional costs.
- the cost for a closure is as detailed in the guidance notes issued to me
- once received, I will arrange for the public notice to be posted on street at appropriate locations as well as any other publicity material as agreed by the Streetworks Team
- 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.

### **And, I undertake to**

- reinstate any existing road markings which are removed due to this temporary road closure
- provide a schedule and location plan showing details of traffic signs to indicate the temporary road closure and alternative route for traffic for approval with this application
- provide and maintain traffic signs to indicate the temporary road closure and alternative route for traffic
- formally notify residents/businesses etc affected by the temporary road closure at least two weeks prior to the start date

**I have read and fully understand the guidance notes provided to me and will adhere to all responsibilities/duties required by Telford & Wrekin Council.**

Name:			
Company:			
Position:			
Signed:		Date:	