TEMPORARY TRAFFIC REGULATION ORDER APPLICATION FORM



Please send this completed application to:

Streetworks Team - Highways Depot

Central Bedfordshire Council, Grendall Lane, Houghton Regis LU5 6GL

streetworks@centralbedfordshire.gov.uk

Tel: 0300 300 5955

NOTE:

- You must allow a minimum of 3 months for your TTRO to be processed
 Please note a Purchase order number must be supplied with application at a cost of £2225.80 or £925.00 for an emergency TTRO. Please supply all of the information requested on the following pages otherwise your application may be delayed

ROAD CLOSURE		H CLOSURE	SPEED LIMIT	OTHER
(Please circle)	(Please circ	:le)	CHANGE	(Please specify below)
			(Please circle)	
Yes – No	Yes – No		Yes – No	
Road Name				
Parish / Town				
PERMIT NUMBER				
Map Included Y/N				
map moraded 1711				
Letter Drop (please attack	n letter			
sent)	i iottoi			
Notice number or LA Cod	le			
Troud Hambor of Errod				
Road Number (i.e.: A6)				
rtoad rtdiliber (i.e., Ao)				
Proposed works start date				
r toposed works start date	C			
Proposed works end date	<u> </u>			
i Toposed Works end date	•			
Will weekends be include	42			
vviii weekends be include	ur			
Requested Times of World	kina			
(i.e. overnight, 9am to 5pt				
specific days etc.)	ili di just			
Will the closure be in place	20.24			
hours or lifted daily?	JC 24			
riours or lined daily?				
Location of actual works				
(From – To)				
(110111 – 110)				
Detailed description of wo	orke			
Detailed description of wo	סאוכ			

Coordinates (Easting & Northing)	
24hr Emergency Contact Number - for site works	
Sub-Contractors	

Applicant Details	Invoice Details (if different)
Name:	Name:
Address:	Address:
Tel. No:	Tel. No:
Fax No:	Fax No:
Email:	Email:
Your supplied Order No. (Please enter details)	
I confirm that a Traffic Management Plan is attached (Please confirm) A signage drawing must be attached	

Please add any comments below that you feel may assist the application	

REQUIRED ADDITIONAL IMPORTANT INFORMATION:

- 1. Please ensure you give the official road name with the correct spelling for which the Order is required.
- 2. Access to properties should be allowed at <u>ALL</u> times.
- 3. Access may be required for Public / Education transport buses. If this is unavoidable additional costs may be occurred due to diversion of these transport services.
- 4. An order will only be granted where a suitable alternative route or arrangements are available.

- 5. A Traffic Management Plan showing the length of road to which the Order will apply (together with Health & Safety & CDM information if applicable) must be attached to this application.
- 6. Signs, ideally 1050mm X 750mm with an x-height of 62.5mm bearing the words "This Road will be closed "From" and including the dates of the closure MUST be placed at all approaches to the site at least 10 working days prior to the proposed closure. The sign must also include your contact telephone number. These signs must be left on site from the duration and removed immediately the works are completed.
- 7. Proof of Public Liability Insurance
- 8. Please ensure a location plan is supplied with this application.
- 9. A FULL SIGNAGE SCHEDULE MUST BE PROVIDED ONCE DIVERSION ROUTE HAS BEEN APPROVED BY CBC.

DECL	ARAT	ION:
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Applicants Signature		Date
Company	Position	