

Road Closure Application Form

COUNTY OF WILTSHIRE**APPLICATION FOR TEMPORARY TRAFFIC RESTRICTION**

(1)	LOCATION/ROAD/FOOTPATH Road name and route number (if any) and precise limits of lengths affected as shown on the plan
(2)	TYPE OF RESTRICTION REQUIRED
(3)	ALTERNATIVE ROUTE (e.g. from and to) Application must be submitted with a plan and text description of alternative route.
(4)	DATE AND PERIOD OF RESTRICTION/CLOSURE
(5)	DESCRIPTION OF WORKS NECESSITATING RESTRICTION/CLOSURE
(6)	PURCHASE ORDER NO FOR CLOSURE (unless cheque is attached) BUDGET CODE (For internal jobs)

Please note applications without payment methods will not be processed.

Applicant must:

- Give a minimum of twelve weeks' notice of required closure.
- Agree to meet Wiltshire Council costs.
- Maintain pedestrian access and vehicular access to frontages wherever possible.
- Provide, erect and maintain diversion signs. The type and siting of which must be compliant with TSRGD
- Give one month's notice before Closure Order expires if extension of period is required.
- Undertake to inform all stakeholders known to be directly affected by the proposed prohibition including all frontagers on the length of road concerned at least two weeks before works commence.
- Undertake a risk assessment on the suitability of any diversion route in accordance with the Safety at Street Works and Road Works Code of Practice.

The provision, operation and maintenance of all signs, lighting and guarding of the works shall be in accordance with the requirement of The New Roads and Street Works Act, 1991 'Safety at Street Works and Road Works' Code of Practice and read in conjunction with the Traffic Signs Manual, Chapter 8.

Name of Applicant on behalf of
 Address.....
 Telephone No (include STD code).....
 Signed Date.....

Name and emergency telephone number of undertaker's representative who may be contacted for call out/maintenance purposes. (The call out details shall be displayed on an information board at every site and the Highway Authority should be informed of these particulars before works commence on site.)

Name.....
 Emergency Telephone No (include STD code).....

THIS FORM IS TO BE SUBMITTED, TOGETHER WITH A COPY OF THE PLAN TO: Strategic Services, Traffic and Network Management, County Hall, Trowbridge, Wiltshire, BA14 8JN or email to streetworks@wiltshire.gov.uk with a cheque for fee as below. The plan should show the section to be closed in red and the alternative route in green (A3 or A4).

Fees:**Temporary Traffic Order £1155****Emergency/Urgent Closure Notices £187****Re-enactment of Temporary Traffic Order within 18 months of original order £418****Extension to the closure period extra fee of £187.****APPLICANTS CHECKLIST**

Please ensure you enclose the following:

- The correct payment, made payable to Wiltshire Council
- Copies of any correspondence/agreements with affected parties
- Programme of work/method statement
- Map indicating road closure and proposed diversion route and Public Rights of Way or Bridleways affected.