

Road Closure Application Form

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

|     |   |  |
|-----|---|--|
| (1) | <b>LOCATION/ROAD/FOOTPATH</b><br>Road name and route number (if any) and precise limits of lengths affected as shown on the plan                |  |
| (2) | <b>TYPE OF RESTRICTION REQUIRED</b>   |  |
| (3) | <b>ALTERNATIVE ROUTE (e.g. from and to)</b><br>The Council <u>must</u> be contacted prior to completion of this form regarding diversion routes |  |
| (4) | <b>DATE AND PERIOD OF RESTRICTION/CLOSURE</b>   |  |
| (5) | <b>NATURE OF WORKS NECESSITATING RESTRICTION/CLOSURE</b>  |  |
| (6) | <b>ORDER NUMBER FOR ROAD CLOSURE (unless cheque is attached)</b>  | <b>BUDGET CODE (For internal jobs)</b> |

**Applicant must:**

- a) Give a minimum of twelve weeks' notice of required closure.
- b) Agree to meet Wiltshire Council costs.
- c) Maintain pedestrian and vehicular access to frontages.
- d) Provide, erect and maintain diversion signs. The type and siting of which must be approved by the Council.
- e) Give one month's notice before Closure Order expires if extension of period is required.
- f) Undertake to inform all interests 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.

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.  
The supervisor of the works to be qualified as required under Section 67 of the New Roads and Street Works Act, 1991.

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 4 COPIES OF THE PLAN TO: The Director of Transport, Environment and Leisure County Hall, Trowbridge, Wiltshire, BA14 8JD together with a cheque for £975.... The plan should show the section to be closed in red and the alternative route in green (A3 or A4).

**Note: Any extension to the closure period will incur an extra fee of £150.**

**APPLICANTS CHECKLIST**

Please ensure you enclose the following:

- 1. The correct payment, made payable to Wiltshire Council
- 2. Current Insurance Certificate (copy)
- 3. Copies of any correspondence/agreements with affected parties
- 4. Programme of work/method statement
- 5. Map indicating road closure and proposed diversion route and Public Rights of Way or Bridleways affected