

TEMPORARY TRAFFIC REGULATION ORDER APPLICATION FORM



Please send this completed application to:
streetworks@centralbedfordshire.gov.uk

Streetworks
 Central Bedfordshire Council
 Thorn Turn
 Highways Depot
 Grendall Lane,
 Houghton Regis
 Bedfordshire
 LU5 6GJ

Tel: 03003005695

NOTE:

1. You must allow a minimum of 3 months for your TTRO to be processed
2. Please note a Purchase order number **must be supplied** with application at a cost of £1855.00 and emergency closures £927.00
3. Please supply all of the information requested on the following pages otherwise your application may be delayed

ROAD CLOSURE (Please circle)	FOOTPATH CLOSURE (Please circle)	SPEED LIMIT CHANGE (Please circle)	OTHER (Please specify below)
Yes	No	No	

Road Name	
Parish / Town	
PERMIT NUMBER	
Map Included Y/N	
Notice number or LA Code	
Road Number (i.e.: A6)	
Proposed works start date	
Proposed works end date	
Will weekends be included?	
Requested Times of Road Closure (i.e. overnight, 9am to 5pm or just specific days, 24hrs etc.)	

Location of actual works (From – To)	
Detailed description of works	
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	
I confirm that a Traffic Management Plan is 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 ALL 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 To” 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.

DECLARATION:

All the information given in this application is true and correct.

Applicants Signature

Date

Company

Position