

**FORM TRC-1 PART 1:  
APPLICATION FOR AUTHORITY  
TO IMPOSE A TEMPORARY  
TRAFFIC RESTRICTION**

VOG TTRO No. (Office Use)	
Works Reference Number [Incl. Prefix]	
Works Notice Submission Date	
Closure Application Date	

**Applicant Details:**

Applicant Name: (will appear on notice)		Contact Number: (may appear in notice/order)	
Company Name: (if applicable)		24 Hour Contact No. <b>(Mandatory)</b>	
Company Address:			
On Behalf of:			
Invoice Address:			
Public Liability Insurance No:		Purchase Order No:	
Insurer:			
Value (min. £5 million):			
Valid From:		To:	

In making this application the applicant named above:

1. Agrees to pay the charge associated with the restriction as set out in the Authority's schedule of fees/rates.
2. Agrees to fulfil the Standard Conditions as set out in the guidance.
3. Recognises that the Authority may impose Additional Conditions Specific to this particular application
4. The information given above is true and correct

Signature:		Date:	
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**Reason for Restriction:**

Description of Activity:	
Reason for requiring restriction:	

**Location of Restriction:**

Street Name/Descriptor		C/W	
		F/W	
Locality			
Town			
USRN			

**Extent of Restriction [A Plan must be provided on Form TRC-1 Part 2]**

Street Centreline Co-ordinates	Start Eastings	Start Northings	End Eastings	End Northings
Description of Extent				
Emergency Vehicle Access [Check 1 box only]	<input type="checkbox"/> Access will be maintained through the site for Police, Fire and Ambulance Services responding to emergencies. Warning arrangements to be agreed <input type="checkbox"/> Access <b>cannot</b> be provided through the restriction for Police, Fire and Ambulance Services responding to emergencies			
Pedestrian Access Provision [Check 1 box only]	<input type="checkbox"/> Pedestrian access to all properties within the restriction will be maintained along defined routes throughout the period of the closure. <input type="checkbox"/> Pedestrian access to all properties within the restriction and access through the restriction will be maintained along defined routes throughout the period of the closure			

**Period[s] when restriction will apply**

Period Number	Start Date	Start Time	End Date	End Time
1				
2				
3				
4				
5				

**Any deviation from the above dates and times, the applicant must:**

- **Notify the Authority immediately**
- **Notify the Emergency Services immediately**

**It is the applicant's responsibility to ensure the above requirements are met.**

**FORM TRC-1 Part 2**

Works Reference Number:	
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**LOCATION AND EXTENTS PLAN**

A PLAN SHOWING THE EXTENT OF THE RESTRICTION IS TO BE  
INSERTED HERE

IT MUST BE SUFFICIENTLY DETAILED TO INDICATE ACCESS ROUTES  
TO PROPERTIES OR THROUGH THE RESTRICTION FOR PEDESTRIANS

**PROPOSED DIVERSION ROUTE [1:50,000 OR LESS]**

A PLAN SHOWING THE PROPOSED DIVERSION ROUTE IS TO BE SHOWN HERE

IT MUST BE SUFFICIENTLY DETAILED TO INDICATE CLEARLY THE ENTIRE SUGGESTED ROUTE

Please state who will be setting out and maintaining the diversionary route signage:	
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Please enclose a copy of the letter to be distributed to residents/traders affected by the restriction. This must include a 24 hour contact number, preferably on company headed notepaper.

LETTER HERE

<b><u>OFFICE USE ONLY</u></b>
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<b>ROAD TRAFFIC REGULATION ACT</b>	
5 Day notice	
21 day notice	
Temporary order (up to 18 months)	

Restrictions imposed	Yes	
	No	
If yes, why		

Closure/restriction rejected by Authority and why	
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