

# TEMPORARY TRAFFIC REGULATION ORDER APPLICATION FORM



Please send this completed application to:

Streetworks  
 Central Bedfordshire Council  
 Priory House  
 Monks Walk  
 Chicksands  
 Bedfordshire  
 SG17 5TQ

OR Email to : [streetworks@centralbedfordshire.gov.uk](mailto:streetworks@centralbedfordshire.gov.uk)

### NOTE:

1. You must allow up to 3 months for your TTRO to be processed
2. Please supply all of the information requested on the following pages otherwise your application may be delayed
3. Help with identifying and recording risks and providing adequate first aid cover is available on our web page at (insert) to assist you in completing the form, however, the advice given is not a full and exhaustive list of incidents/accidents which may occur or how to prepare for and deal with them and is for information only. It is strongly recommended that you look at the Government information at (Department for Transport Website) and speak to a professional event insurance provider.

### PLEASE TICK ALL RELEVANT OPTIONS THAT APPLY:

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

Road Name	
Parish / Town	
Map Included Y/N	
Road Number (i.e.: A6)	
Proposed event start date	
Proposed event end date	
Requested Times of event (i.e. overnight, 9am to 5pm or just specific days etc.)	
Location of event including Coordinates (Easting & Northing)	

Detailed description of event	
24hr Emergency Contact Number - for site works	
TM supplier	

<b>Applicant Details</b>	<b>Invoice Details (if different)</b>
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)	
I confirm that I have spoken to the Town/Parish Council and they are happy with the provisions made for the event (Please attach supporting correspondence or details of Town/parish Council you spoke to).	
I confirm I have completed a risk assessment on site and attach a completed risk assessment form	

<b>Please add any comments below that you feel may assist the application</b>

**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. Risk Assessment
- 9. Please ensure a location plan is supplied with this application.

**DECLARATION:**

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

Applicants Signature ..... Date .....

Company ..... Position .....