

TEMPORARY TRAFFIC REGULATION ORDERS ARE MADE UNDER THE ROAD TRAFFIC REGULATION ACT 1984 (SECTION 14) AS AMENDED BY THE ROAD TRAFFIC (TEMPORARY RESTRICTIONS) ACT 1991

Section 14 (1) powers used and reasons for restriction

(a)because works are being or are proposed to be executed on or near the road; or

(b)because of the likelihood of danger to the public, or of serious damage to the road, which is not attributable to such works

(c)for the purpose of enabling the duty imposed by section 89(1)(a) or (2) of the Environmental Protection Act 1990 (litter clearing and cleaning) to be discharged,

TEMPORARY ROAD TRAFFIC REGULATION ORDER APPLICATION FORM: NOTES FOR APPLICANTS

APPLICATIONS MUST BE COMPLETED FULLY OR RISK BEING DELAYED

Please complete the following application, answering all questions **in full**. Failure to provide all of the requested information may result in delays in dealing with your application. Your application can only be determined and Temporary Traffic Regulation Order put into place once a fully completed application has been received which demonstrates that the above legal criteria is met.

Please return your completed application form to <u>PublicRightsofWay@Walsall.gov.uk</u> at least 5 weeks before your proposed commencement of works in the public right of way.

For assistance, general enquiries or if these are **emergency works**, please contact Public Rights of Way directly on 07415 234156. Different fees and timescales may apply to emergency works.

Your application will not be processed without a valid purchase order, or receipt of advance payment of **£826.87** which can be made by purchase order, or cheque made payable to Walsall Council and posted to Public Rights of Way Walsall Council, Civic Centre Darwall Street, WS1 1DG.

The Order will remain valid for a period of up to a maximum of 6 months from its start date and your proposed work should be completed within the 6 months closure period.

Where there are unexpected circumstances and works cannot be completed within the initial 6 months, a further application can be made to Walsall Council, to request extension of an Order for an additional 6 months (up to a maximum period of 12 months total). Walsall Council must seek for approval of the extension from the DfT for any extension, in accordance with the statutory procedures. The standard 5 week timescale and payment of £826.87 also applies to extensions.

It is the applicant's responsibility to inform local residents, adjacent premises and local businesses etc. of the impending scheme.

Please provide a plan showing the location of the work, together with a diversion plan and method statement with your completed application.

ALL SIGNS, TEMPORARY DIVERSION ROUTES AND TRAFFIC MANAGEMENT MUST BE IN PLACE BEFORE THE PUBLIC RIGHT OF WAY IS CLOSED TO TRAFFIC

1.		APPLICANTS DETAILS
	Applicant Name:	
	Organisation:	
	Address:	
	Telephone Number:	
	E-mail:	
	Please confirm payment method and Purchase Order No if applicable:	
	Project Code/Job No.:	
	Invoice Address & Contact Name & No. (if different from above):	
2.		LOCATION DETAILS
	Public Right of Way Reference Number:	
	Public Right of Way Location:	
	Proposed works location:	
	(Include a description of the start	
	point/end point, road names, building numbers or land marks, co-ordinates)	
3.	AC	TIVITY / WORKS DETAILS
	Include a description of proposed works taking place within or directly adjacent to right of way setting out clearly why public access cannot be retained during works.	
	NRSWA Requirements - provide us with your road opening, scaffolding and/or hoarding permit reference(s), or confirmation that no permit is required. (For details contact <u>Traffic.Management@Walsall.gov.uk</u> .	
4.		EXTENSION DETAILS
	Is this application for an initial application or an extension?	on

	If this is an extension application, please provide details of the original application commencement and expiry date, along with reasons why an extension is now requested.	
	Are any other actions such as a permanent stopping up being considered for the site? Please provide us with the reference/ background details if so.	
4.		ESTRICTION REQUIRED
4.		
	What date and time will the closure commence from?	
	What date and time is it anticipated that the works be completed by, closure be removed and path re-open? (Up to a maximum period of 6 months).	
	Will the restriction be in place 24 hours a day or between certain hours?	
5.	TRAF	FIC MANAGEMENT
	Provide a description of the measures	
	you will use to prevent public access during the closure.	
	The applicant is responsible for the supply, erection, maintenance and removal of all traffic management signs, barriers, etc. required for the closure in accordance with Chapter 8.	
6.	SUGGESTI	ED ALTERNATIVE ROUTE
	Suggested Diversion Route:	
	(include road names, footpath reference numbers and property numbers/ significant buildings)	
	Are there any possible barriers to access along the temporary diversion route?	
	For e.g. significant gradients, narrow or no footway, lack of dropped kerbs, significant increases in distance.	
8.	IMPAC	CT ON THE HIGHWAY
	What work will take place within or adjoining the public right of way?	
	Will there be any disturbance to the path surface and infrastructure during works?	
	If so, please provide a brief dilapidation survey setting out the current path	

	condition with photographs and details to confirm how any disturbance will be rectified.		
	The applicant is responsible for		
	reinstating all excavations and repairing		
	any damage to the public right of way		
	caused as a result of the works.		
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9.	ALLOWABLE ACCESS		
	What access will be made available during the restriction:		
	You must state clearly what access is		
	available through the restriction whilst in force		
	(This must include frontage and		
	emergency access arrangements)		
	Failure to do so may invalidate the Order		
	and constitute an illegal obstruction of		
	the highway.		
10.	WORKS / ACTIVITY CONTACT INFORMATION		
	Site Operations Contact Name:		
	Site Operations Contact Number:		
	Traffic Management Company:		
	Traffic Management Contact:		
11.	SIGNATURE		
	Print Name:		
	Signature:		
	Date:		