

TRO / RC 01
 Application for Large Scale
 Temporary Traffic Regulation Order /
 Road Closure
 (To be used for Large TRO / Road Closures)



Temporary Traffic Regulation on County Durham Roads
 Road Traffic Regulation Act 1984 Sections 14-16

*Note: The request should be made a **minimum of 6 weeks prior** to the intended commencement of the order.*

1. Roads Involved:

- (a) Official classification and name _____
- (b) Location _____
(Note: A plan should be enclosed detailing closures required. See below)
- (c) County _____
- (d) District _____
- (e) If works on a bridge, state local name and name of road/railway/canal/river

- (f) Dual or single carriageway _____
- (g) Unique Street Reference Number (USRN) _____
(Details can be obtained from 03000 267100)

2. Reason for Prohibition / Restriction (NB: Must be within scope of Section 14(1) of Road Traffic Regulation Act 1984, e.g. Name of scheme):

3. Period(s) of Road Restrictions: - State hours of working each day.
 (Will excavation be road plated / temporary backfilled on a night?)

| Commencing Date/Time | Ending Date/Time | Road Plating / Temporary Backfill Arrangements |
|----------------------|------------------|--|
| | | |
| | | |
| | | |

NB: Temporary Orders expire after 18 months unless specified otherwise on the Order.

4. Please answer YES or NO to the following questions and provide full information in the space provided in section 5 below. Use a separate sheet if necessary.

- | | | |
|-----|--|----------|
| (a) | speed limit required | Yes / No |
| (b) | main carriageway closure required | Yes / No |
| (c) | traffic prohibited in one direction | Yes / No |
| (d) | contraflow/tidal * required | Yes / No |
| (e) | HGV restriction required | Yes / No |
| (f) | width/height/weight restriction required | Yes / No |
| (g) | no overtaking required | Yes / No |
| (h) | gap closure required | Yes / No |
| (i) | layby closure required | Yes / No |
| (j) | side road access restriction required | Yes / No |
| (k) | public rights of way footpath closure required | Yes / No |

* delete where appropriate

**5. NATURE & EXTENT OF RESTRICTION(s) / PROHIBITION(s)
Give clear terminal points and total distances involved for each (include street junction names or other references if appropriate).**

(a) Speed Limit

| Description | 12 figure Co-ordinates |
|---------------------------------|------------------------|
| Start of Restriction: | |
| End of Restriction: | |
| Length of Restriction (metres). | |

(b) Main Carriageway(s) Closure

| Description | 12 figure Co-ordinates |
|-----------------------------|------------------------|
| Start of Closure: | |
| End of Closure: | |
| Length of Closure (metres). | |

(c) Prohibition of Driving (Direction Closure)

| Description | 12 figure Co-ordinates |
|---------------------------------|------------------------|
| Start of Prohibition: | |
| End of Prohibition: | |
| Length of Prohibition (metres). | |

(d) Contra flow / Tidal flow

| Description | 12 figure Co-ordinates |
|--|-------------------------------|
| Start of Contra flow / Tidal flow: | |
| End of Contra flow / Tidal flow: | |
| Length of Contra flow / Tidal flow (metres). | |

(e) HGV Restriction

| Description | 12 figure Co-ordinates |
|---------------------------------|-------------------------------|
| Start of Restriction: | |
| End of Restriction: | |
| Length of Restriction (metres). | |

(f) Width / Height / Weight Restriction

| Description | 12 figure Co-ordinates |
|---------------------------------|-------------------------------|
| Start of Restriction: | |
| End of Restriction: | |
| Length of Restriction (metres). | |

(g) No Overtaking Restriction

| Description | 12 figure Co-ordinates |
|---------------------------------|-------------------------------|
| Start of Restriction: | |
| End of Restriction: | |
| Length of Restriction (metres). | |

(h) Gap Closure(s)

| Description | 12 figure Co-ordinates |
|-----------------------------|-------------------------------|
| Start of Closure: | |
| End of Closure: | |
| Length of Closure (metres). | |

(i) Layby Closure(s)

| Description | 12 figure Co-ordinates |
|-----------------------------|------------------------|
| Start of Closure: | |
| End of Closure: | |
| Length of Closure (metres). | |

(j) Side Road access Restriction

| Description | 12 figure Co-ordinates |
|---------------------------------|------------------------|
| Start of Restriction: | |
| End of Restriction: | |
| Length of Restriction (metres). | |

(k) Public Rights of Way Footpath Closure

| Description | 12 figure Co-ordinates |
|-----------------------------|------------------------|
| Start of Closure: | |
| End of Closure: | |
| Length of Closure (metres). | |

Other Traffic Management Required / Notes

6. *Is / will access be required / permitted:

- (a) for construction traffic? Yes / No
- (b) to property? Yes / No
- (c) for any other purposes? Yes / No

***If answer is 'Yes' to any of the above questions, please state if access is required through all or only part of the works. Is it confirmed that access will not be prevented at some stage of the works?**

7. Arrangements for Emergency Vehicles

Will emergency vehicles be permitted access through the restriction / closure at all times (e.g. with the area being road-plated and/or temporarily backfilled)? Yes / No

If yes, detail arrangements to mitigate any delays due to the restrictions / closure*

8. Description of Alternative Route(s):

Unique Street Reference Numbers (USRN) _____

(Details can be obtained from 03000 267100)

Note: A Traffic management plan and schedule, prepared by an approved Traffic Management Company, should be submitted with this application.

9. Does the alternative route involve roads outside of County Durham or include roads A1(M), A66 or A19 **Yes / No**

If answer to above is yes, then:

Does the Highway Authority for the alternative roads consent to their use and to any restrictions, and/or the suspension of existing restrictions?

Yes / No (Copy of consent must be enclosed where applicable)

10. Details of any existing restrictions on alternative roads which need to be suspended (state extent of suspension, e.g. weight restrictions, one-way orders etc.):

11. Details of any existing restrictions on or affecting the road(s) which need to be suspended (state extent of suspension):

12. Details of alternative roads to be restricted by the Order:

| Name of Road | County | District | Highway Authority |
|--------------|--------|----------|-------------------|
| | | | |
| | | | |

13. Nature and extent of Restrictions required on alternative roads: (a plan should be enclosed and the name and length of each road must be given together with times of operation and directions as appropriate):

14. Period of Restrictions on alternative roads:

| Name of Road | Commencing (Date/Time) | Ending (Date/Time) |
|--------------|------------------------|--------------------|
| | | |
| | | |

15. Alternative Public Transport arrangements

Are any of the proposed restrictions / closures on a service bus route? Yes / No

If yes then alternative transport arrangements must be considered / provided*

(e.g. temporary bus stops, bus diversions, shuttle buses etc.) Contact 03000 268522.

16. Consultation with residents / businesses etc.

Detail consultations being undertaken with local residents and businesses including arrangements for parking, deliveries and traders*

17. Advance Notification

For any approved restriction / closure the applicant will be responsible for any necessary advance notification e.g. letter drop to affected properties and / or advance warning signs. Detail below advanced notification measures proposed. *

18. Name, Telephone Number and Address of Contact for these works:

Name

Tel No

Address

19. Any other comments:

20. Order Number

Provide your Purchase Order No (or allocation code) – this will be quoted on our invoice for arranging the restriction / closure _____

Enclosures Required:

1. a plan showing the length of the road to be restricted and the alternative route;
2. a plan showing restrictions to be imposed on alternative roads; *
3. a copy of the consent given by other highway authorities whose roads are to be restricted / signed as an alternative route. *

* Delete where not applicable.

Company/Organisation (*where applicable*)

Signed _____

Name _____

Date _____

Address _____

Phone _____

Fax _____

Email _____

Please return Application Form to:

Durham County Council
Regeneration and Local Services
Network Management
County Hall
Durham
DH1 5UQ

Tel: 03000 267095 / 268110

Email: temporaryroadclosures@durham.gov.uk

* Please continue on an additional sheet where necessary