

TRO / RC 02
Application for
Temporary Traffic Regulation Order /
Road Closure

(To be used for Standard TRO / Road Closures)



Note: The request should be made to allow the following period of time for the preparation of the order.

(a) Closures of less than 5 days 2 weeks prior to the commencement of the order.

(b) Closures of more than 5 days 6 weeks prior to the commencement of the order.

This application does not authorise you to excavate a highway. Please contact 03000 267100 for a Road Opening permit application Form if required.

1. Location of Proposed TRO / Closure

*Road / Footpath Closure / Speed limit / One direction closure (Prohibition of Driving) /
Suspension of existing restriction (one-way/weight limit/no waiting etc)*

Please circle or highlight desired regulation

Town _____

Road Number _____ and / or Name _____

Location Details* _____

Co-ordinates (Each end of closure) 1 Easting _____ Northing _____

2 Easting _____ Northing _____

Street Gazetteer Unique Street Reference Number (USRN)

For road(s) closed _____

For diversion road(s) _____

(Details can be obtained from 03000 267100)

2. Reason for Restriction / Closure

Provide full details of works to be undertaken*

A map or plan indicating details of restriction / closure and diversion route / signing should be attached. Map/plan ref. no. _____

3. Restriction / Closure Details

1. Start date _____

2. Duration of the restriction / closure _____

3. Will it be required 24 hours per day? _____

4. Working hours _____

4. 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*

5. Alternative Public Transport arrangements

Is the proposed restriction / closure 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 tel 03000 268522

6. Consultation with residents / businesses etc.

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

7. 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 (incl. name of Traffic Management Company employed)

8. Other Information

Detail any other information relevant to support your application that has not been covered above*

9. Order Number

Provide your Purchase Order No (or allocation code) – this will be quoted on our invoice to you for arranging the restriction / closure, and the address to which the invoice should be sent

Applicants Details

Signed _____ Date _____

Contact Name _____

Company Name _____

Address _____

Postcode _____

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