

Form: TRO / RC 02
Application for a
Temporary Traffic Regulation Order
Road Closure
(To be used for Standard TRO / Road Closures)



*Note: Where the works require a Street Works Permit a Provisional Advanced Authorisation (PAA) must be made via EToN / (Street Manager from the 1 July 2020) a minimum of 3 months prior to the works commencing on site.
Upon receipt of a granted PAA the application for a highway closure must be made a minimum of 8 weeks before 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 or if you need to install something under the highway (a Section 50 Licence).

1. Location of Proposed Rights of Way Closure

Town _____

Parish _____

Location Details (Rights of Way Number to be closed)
Details can be obtained from the Access and Rights of Way Section 03000 265342)

PAA reference (where applicable) _____

2. Reason for Closure

Provide full details of works to be undertaken*

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

3. Closure Details

1. Start date _____
2. Working hours _____
3. Duration of the closure _____
4. Will it be required 24 hrs per day? _____

4. Arrangements for Emergency Vehicles (where applicable)

Will emergency vehicles be permitted access through the closure at all times?

(e.g. with the area being 'plated' and/or temporarily backfilled)? Yes / No

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

5. Advance Notification

For any approved 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. * _____

6. Other Information

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

7. Order Number

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

Applicants Details

Signed _____ Date _____

Contact Name _____

Designation _____

Company Name _____

Address _____

Postcode _____

Phone _____

Email _____

Please return Application Form to:

Durham County Council
Neighbourhoods & Climate Change
Network Management
County Hall
Durham
DH1 5UQ

Tel: 03000 267095 / 268110

Email: temporaryroadclosures@durham.gov.uk

* Please continue on an additional sheet where necessary