

Yr Amgylchedd, Ffyrdd a Chyfleusterau,
Swyddfeydd Mochdre,
 Conway Road,
 Mochdre,
 LL28 5AB
 Adain Gwaith Stryd



Environment, Roads and
 Facilities,
Mochdre Offices,
 Conway Road,
 Mochdre,
 LL28 5AB
Street Works Section

Ffôn/Tel: (01492) 575 437 **Ffacs/Fax (01492) 575454**
gwaithstryd@conwy.gov.uk streetworks@conwy.gov.uk

I/TO:**Enw/Name:****Eich Cyf/Your ref:****Cwmni/Company:****Eich Rhif Ffacs/Fax Number:****ODDI WRTH/FROM:****Enw/Name:****Dyddiad/Date:**

Nifer o Dudalennau (Gan Gynnwys Hon) / Number of Pages (Including This One) .2

NEGES/MESSAGE: Road Closure by Special Events:

ENCLOSED IS A ROAD CLOSURE APPLICATION FORM AND LOCATION PLAN. PLEASE COMPLETE THE FORM AND MARK ON THE PLAN THE LOCATION AND EXTENT OF THE CLOSURE YOU REQUIRE. NOTE THE FOLLOWING REQUIREMENTS:-

- 1 IT WILL TAKE APPROXIMATELY 8 WEEKS UPON THE RECEIPT OF YOUR APPLICATION TO PROCESS THE ROAD CLOSURE.
- 2 THERE IS A COST OF £1800.00 **FOR EACH** ROAD CLOSURE, WHICH COVERS THE **ADMINISTRATIVE AND LEGAL COSTS ONLY**.
- 3 **IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT THERE IS ADEQUATE SIGNAGE OF THE ROAD CLOSURE AND DIVERSIONARY ROUTES.** THIS SIGNAGE HAS TO BE CARRIED OUT BY A COMPETENT BODY. THE SIGNS CAN ONLY BE ERECTED BY PERSONNEL WITH THE RELEVANT STREET WORKS SIGNING, LIGHTING AND GUARDING QUALIFICATION. EVIDENCE OF THIS QUALIFICATION IS REQUIRED. WHOEVER CARRIES OUT THIS WORK ARE REQUIRED TO SEND THE AUTHORITY A SIGNING SCHEDULE FOR OUR APPROVAL. SIGNING GIVING ADVANCE WARNING OF THE PROHIBITION **MUST** BE IN PLACE 7 DAYS BEFORE THE PROHIBITION TAKES EFFECT.
- 4 IT IS REQUIRED THAT THE APPLICANT INFORMS ANY RESIDENTS OR BUSINESSES WITH IN THE IMMEDIATE AREA THAT WILL BE AFFECTED BY THE ROAD CLOSURE.
- 5 A PROVISION MUST BE MADE ON SITE FOR THE DURATION OF THE CLOSURE TO ALLOW THE PASSAGE OF EMERGENCY VEHICLES. THE AUTHORITY WILL BE INFORMING THE EMERGENCY SERVICES OF THE ROAD CLOSURE.
- 6 PEDESTRIAN ACCESS IS TO BE MAINTAINED DURING THE CLOSURE PERIOD UNLESS STATED UPON YOUR APPLICATION.
- 7 THE AUTHORITY REQUIRES EVIDENCE OF **PUBLIC LIABILITY TO THE VALUE OF £5 MILLION.**
- 8 A RISK ASSESSMENT AND EMERGENCY PLAN MUST BE UNDERTAKEN FOR THE EVENT AND A COPY PROVIDED TO THE STREET WORKS OFFICE THIS MAY BE PASSED TO THE SAFETY ADVISORY GROUP. IF NECESSARY A TRAFFIC MANAGEMENT PLAN MUST ALSO BE PROVIDED.
- 9 DEPENDING ON THE NUMBERS YOU ARE EXPECTING AT YOUR EVENT, YOU MAY REQUIRE APPROVAL FROM THE LICENSING DEPARTMENT. PLEASE CONTACT PHIL RAFFERTY 01492 574038 FOR FURTHER INFORMATION.

IF YOU HAVE ANY FURTHER QUESTIONS PLEASE DO NOT HESITATE TO CONTACT STEPHEN DALY/HELEN STEPHENSON ON 01492 575426.

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**CAIS AM ORCHYMYN TRAFNIDIAETH DROS DRO
 DEDDF RHEOLI TRAFNIDIAETH FFYRDD 1984,
 ADRAN 16A**

**APPLICATION FOR A TEMPORARY TRAFFIC ORDER
 ROAD TRAFFIC REGULATION ACT 1984,
 SECTION 16A**

MANYLION Y CAIS/ APPLICATION DETAILS		
Enw Cyswllt (PRIF LYTHRENNAU)		Contact Name (BLOCK CAPITALS)
Cwmni		Company
Cyfeiriad Anfoneb		Invoice Address
Rhif Archeb (RHAIID cynnwys hwn efo'r cais)		Order Number (MUST be included with application)
Rhif Ffôn y Swyddfa		Office Number
Rhif Ffôn Symudol		Mobile Number
Rhif Ffacs		Fax Number
E-Bost		E-Mail
Llofnod		Signed
Enw'r Ffordd ac USRN		Name Of Road and USRN
Cyfeirnod Grid		Grid Reference
Rheswm Am Y Gwaharddiad Dros Dro		Reason For Temporary Prohibition
Dyddiad Y Cyfyngiad	O: l:	From: To:
A fydd y cyfyngiad yn berthnasol tu allan i oriau gwaith? Nodwch yr amseroedd		Will Restriction Apply Outside Working Hours? Specify Times
Sylwadau		Comments
<p>COFIWCH GYNNWYS GYNLLUN O'R LLEOLIAD!</p> <p>Edrychwch ar y Nodiadau Canllaw am fwy o wybodaeth Rhaid i unrhyw geisiadau gynnwys archeb ffurfiol.</p>		<p>PLEASE INCLUDE LOCATION PLAN!</p> <p>Please refer to Guidance Notes for further information Any requests must be accompanied by an official order.</p>
<p>Anfonwch y ffurflen hon yn ôl i'r Swyddfa Gwaith Stryd yn y cyfeiriad uchod</p>		<p>Please return this form to the Street Works Office at the above address</p>