



**Basingstoke
and Deane**

Neighbourhood Development
The Borough of Basingstoke & Deane
Civic Offices, London Road
Basingstoke, Hampshire
RG21 4AH
Telephone: (01256) 844844
Email: neighbourhood.dev@basingstoke.gov.uk

TEMPORARY TRAFFIC REGULATION ORDER APPLICATION FORM

(for temporary road/footway closures, speed limits, parking restrictions, one ways etc)

Please arrange for a temporary traffic order to be advertised in accordance with the following details:

edit the blue text as required

CONTACT DETAILS

Applicant's (business) name	Basingstoke and Deane Borough Council
Applicant's (business) address	Civic Offices, London Road, Basingstoke, Hants, RG21 4AH
Contact name	Joe Bloggs NOTE: This may be published as a point of contact within the press advert.
Contact telephone number	(01256) 844844 NOTE: This may be published as a point of contact within the press advert.
Fax number	(01256) 845200
E-mail address	Joe.bloggs@basingstoke.gov.uk
Invoice address (if different from above)	As above
Order number (or job reference to which the invoice can refer)	BDBC-01
Road(s)/location to be affected	London Road, Basingstoke

PUBLIC LIABILITY INSURANCE

Applicants are required to carry Public Liability Insurance to the value of £10 million per claim. A copy of the applicants Public Liability Insurance certificate should accompany this application.

CONFIRMATION

We agree to meet the Council's Technical & Legal costs **and** all reasonable advertisement costs (which could be up to £1000) associated with this application. *(edit as appropriate)*

We confirm that the applicant has the necessary Public Liability Insurance of £10 million per claim. *(edit as appropriate)*

Signature	Joe Bloggs
On behalf of	Basingstoke and Deane Borough Council
Date	16 August 2007

DETAILS OF PROPOSED TEMPORARY TRAFFIC ORDER

Type of temporary order (e.g. road closure, speed limit etc)	Road closure
Reason(s) for the order	To allow for carriageway resurfacing
Road(s)/location to be affected	London Road
Town/Village	Basingstoke
Extent of temporary order (e.g. length of road affected is between points A and B)	The length of road to be affected is between Eastrop Lane and Lytton Road. five copies of a clear plan (preferably A4) showing details of the proposed traffic order. e.g. the section of road(s) to be closed and the proposed alternative route should accompany this application.
Alternative route(s) if applicable (e.g. for a road closure)	From the eastern end of the closure travel north into Lytton Road. Turn left at the next junction then turn right at its junction with Test Way. Travel north along Test Way to its junction with Loddon Road. Turn left and travel west along Loddon Road then turn right into Neath Road. Travel north along Neath Road to its junction with Eastrop Wal. Turn left and travel west along Eastrop Way then south along Eastrop Lane to meet the western end of the closure
Duration of the order: from until	15 October 2007
	19 October 2007
	NOTE: For the sake of public relations it is important that the applicant is committed to the 'from' date (weather permitting and as far as is reasonably practical) so that the closure actually commences on the advertised date.

Please enclose (or attach if e-mailing) the following with your completed application:

- five copies of a clear plan (preferably A4) showing details of the proposed traffic order e.g. the road(s)/location to be affected and the proposed alternative route(s) if applicable and,
- a copy of the applicants Public Liability Insurance certificate.

Please note that works should not proceed on site until the request has been granted by the Council and you have received formal notification to proceed with the closure.

FOR OFFICIAL USE:			
Length of order (e.g. 3 months/6 months):			
	INITIAL IF RECEIVED	INITIAL IF AGREED WITH HCC	FORWARD TO HEAD OF LEGAL SERVICES
Five copies of a plan showing the road(s)/location to be affected and the proposed alternative route(s) if applicable).			Four copies
Copy of the applicants Public Liability Insurance certificate.			One copy
Agreement to meet costs/Invoicing address. (copy of entire application form)			One copy
I confirm that this application has been approved and the temporary road closure requested should be developed.			
Print name:			
Signature:			
Date:			