

THE ROAD TRAFFIC (TEMPORARY RESTRICTIONS) ACT 1991

REQUEST FOR TEMPORARY TRAFFIC REGULATION ORDER

Including ROAD CLOSURE, PARKING RESTRICTION & SPEED LIMIT REDUCTION requests

ALL requests must be made at least 21 days in advance of the proposed restriction.

The current charges are as follows:

Notice: £160.00 plus £10.00 for each subsequent day (£260.00 max)

Order: £330.00 plus £10.00 for each subsequent day (£430.00 max)

Please contact the Traffic Management office on 01835 825223 for advice as to whether an order or a notice is required.

Any road signs which need to be provided by the Council in connection with the Order / Notice will need to be paid for by the applicant. Other traffic management companies can be appointed.

Please note that two separate invoices will be issued; one for the notice / order and one for the signs

Application Form		Purchase Order No. / Ref:	
1 TYPE OF TEMPORARY TRAFFIC REGULATION ORDER		Planned	Emergency
Road Closure			
Footway or Footpath Closure			
Speed Restriction			
Parking Restriction			
Other Temporary Orders – Weight or Height Restriction etc			
2 CONTACT DETAILS – Contact Name, Number and E-Mail will be made available to the public for enquiries			
APPLICANT'S DETAILS		CONTRACTOR'S DETAILS	
Contact Name:		Contact Name:	
Address:		Address:	
Postcode:		Postcode:	
Phone 24/7 contact:		Phone 24/7 contact:	
E-mail address:		E-mail address:	
3 LOCATION DETAILS – please attach location plan and / or sketch where appropriate			
Road Number:			
Road / Street Name:			
Location of Closure:			
Length of closure / restriction (m)		(Metres)	
Grid Reference – Start Point			
Grid Reference – End Point			

4 PURPOSE AND NATURE OF THE WORKS:			
Describe the purpose and nature of the works / event that requires the closure / restriction:			
Requested Start date of TTRO:			
Requested End date of TTRO:			
Start date of Works:			
Completion date of Works:			
Original Speed:	MPH	Restrict Speed to:	MPH
Original Weight / Height:		Restricted Weight / Height:	
Details of Closure Times:			
Requested Start time:			
Requested End time:			
Will Road be open overnight		Yes / No	
If yes – what times will the road be open:		to	
Will access be available for cyclists and pedestrians?		Yes / No	When -

5 SIGNAGE OF CLOSURE AND DIVERSION	
Do you require an estimate for the provision of closure and diversion signage?	Yes / No
If No – please provide details of persons responsible for Traffic Management. Please forward Traffic Management Plan to Traffic management Section for approval.	

6 CONSULTATION		
Has any consultation taken place with the following:		
Bus Companies	Yes / No	If yes, When?
Community Councils	Yes / No	If yes, When?

Signed:			
Tel No:		Date:	

Please return completed form to:

Traffic Management Section, Scottish Borders Council, Reiver Complex, Newtown StBoswells, Melrose, TD6 0SA.

Or

E-Mail to: roadworks@scotborders.gov.uk

Please return this form as soon as the road has been permanently reopened.

If you do not return this form to Scottish Borders Council you may be charged the maximum amount.

Location of closure: _____

Type of closure (Notice/Order) _____

On behalf of: _____ I confirm that the _____

road was closed from _____ am/pm on _____ and was reopened

at _____ am/pm on _____

INVOICE DETAILS

Invoice Address: _____

Reference No: _____ Tel No _____

Contact Name _____ Signed _____

Please return this form as soon as the road is reopened (permanently) to:

roadworks@scotborders.gov.uk

or

Traffic Management Section, Scottish Borders Council, Reiver Complex, Bowden Road, Newtown St. Boswells.
Melrose.TD6 0SA

FOR OFFICE USE

Date received: _____ Closure Charge _____

Additional charges for signs etc (if any) from order _____

Closure Charge: _____ Invoice Date: _____

Admin Charge: _____ Invoice ref: _____

VAT: _____ Batch Number _____

Total Payable: _____ Invoice Number _____