|  |
| --- |
| **APPLICANT DETAILS** |
| **Name:** |  | **Tel no.:** |  |
| **E-mail:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **ACTIVITY DETAILS** |
| **Location of restriction:**(road name) |  |
| **Permit/Licence Reference:** |  |
| **Grid reference:** | **Easting:** |  | **Northing:** |  |
| **Extent of restriction:**(from/to) |  |
| **Is the affected road a bus route:** (please tick) | **Yes:** [ ] **No:** [ ]  | **Will emergency service access be maintained?** | **Yes:** [ ] **No:** [ ]  |
| **Proposed diversion route:** please attach plan |  |
| **WORK DETAILS** |
| **Description of works:** |  |
| **Works promoter:** |  |
| **Works contractor:** |  |
| **Approving Authority for location of works:** |  |
| **Planned / emergency:**(please tick) | **Planned:** [ ] **Emergency:** [ ]   |
| **OPERATIONAL DETAILS** |
| **Start date:** | DD/MM/YYYY | **Start time:** |  |
| **End date:** | DD/MM/YYYY | **Finish time:** |  |
| **Duration:** | **24 hours** [ ] **Weekdays 9.30 am to 3.30 pm** [ ] **Other:** |
| **EMERGENCY CONTACT DETAILS** |
|  | **Daytime contact** | **24 hour contact** | **Traffic management supplier:** |
| **Name:** |  |  |  |
| **Organisation:** |  |  |  |
| **Tel. no:** |  |  |  |