

# Application for Temporary Traffic Restrictions

- Please complete all sections.
- Incomplete applications may delay your start date.

## Section A

### Applicant's Details

Company Name	
Responsible Person	
Contact Telephone: Landline	Contact Telephone: Mobile
Email	

### Please provide emergency out of hours contact details

Name	
Contact Telephone Number	

	Yes	No
Is the application being made on behalf of a charity?		

If YES please provide details:

Section B

**Details of Temporary Restriction**

What Restriction are you applying for?	Tick
Banned Turn	
One Way Traffic	
Road Closure	
Speed Restrictions	
Suspension of a Parking Place	
Waiting Restrictions	

Other Restriction (please give details)

**Which Road is Being Restricted?**

Name of Road	
Route Number	
Name of Town/Village	

<b>What is the exact length of Road to be Restricted</b>
(e.g From its junction with FIRST ROAD to its junction with SECOND ROAD or from its junction with FIRST ROAD to a point 500m north of that junction)

<b>Please provide details of the alternative route</b>

**When is the Temporary Traffic Regulation Order or Notice required to start and end?**

The restriction will START AT (time)	
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The restriction will START ON (date)	
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The restriction will END AT (time)	
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The restriction will END ON (date)	
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Please indicate if the restriction has to be in operation 24hrs a day

	Tick
Yes	
No*	
Not Applicable	

\*If NO, then indicate the period over which the restriction has to be in place.

The restriction has to be in place ON (Days of Week)	Tick
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

The restriction will be in place at (time)	
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The restriction will end at (time)	
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Please indicate what traffic is being restricted	Tick
Cyclists	
HGV's Only	
Pedestrians	
Vehicles	

**Please indicate why these works are required**

Emergency Works	Tick
Yes*	
No	
*Nature of Emergency Works	

Programmed Works	Tick
Yes*	
No	
*Nature of Programmed Works	

Holding of an event on a Public Road	Tick
Yes*	
No	
*Where is the event being held	

Holding of an event on Private Land but the event is affecting the Public Road	Tick
Yes*	
No	
*Where is the event being held	
Details of the event	

1. Will there be access for Emergency Service Vehicles at all times?		Tick
	Yes	
	No	

If YES to point 1 above will access be through the works site?		Tick
	Yes	
	No	

If YES to point 1 above will access be via the diversion route only and not through the works site?		Tick
	Yes	
	No	

2. Will local access to properties (that are only accessible via the closed road) be maintained at all times?

	Tick
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If YES to point 2 above will access be through the works site?

	Tick
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If YES to point 2 above will access be via the diversion route only and not through the works site?

	Tick
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

State the diversion route which must be equal to, or greater than the class of road being closed to some or all traffic

**Please attach a relevant plan showing the restriction and diversion route.**

Is the diversion route via any road that is under the jurisdiction of another Traffic Authority?

	Tick
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Name of Traffic Authority	
Name of Employee	
Contact Telephone Number	Email

## Section C

### Public Transport Services

Before submitting your application form contact Strathclyde Partnership for Transport (SPT) at [bus.operations@SPT.co.uk](mailto:bus.operations@SPT.co.uk) to find out if your works or temporary restrictions impact on public transport services and/or school transport.

Are public transport services affected?	Yes*	Tick
	No	

If YES please provide details

Will any bus stops need to be relocated during the period of the works/temporary restrictions?	Yes	Tick
	No	

**Please provide plans which show details and state locations of affected stops, positions to which stops will be relocated during the closure and bus stop identifying numbers (if known)**

Operator	
Contact Name	
Contact Telephone Number	Email

**Section D**  
**Public Car Parks**

	Tick
Will access to any public car parks be affected by the period of the works?	Yes*
	No

If YES please provide details

	Tick
Will any parking bays require suspension during the period of the works?	Yes*
	No

If YES please provide bay locations

**Section E**  
**Billing**

Billing Address	
Postcode	

Please provide your code that will either appear on the invoice or costs will be charged against

**On behalf of the applicant**

I agree to meet all reasonable costs incurred by the Traffic Authority in respect of giving emergency attention to any temporary traffic management works in the event that the "emergency contact" cannot be reached or is unable to rectify any fault within 2 hours of the first notification of a problem associated with the above works. It should be noted that East Ayrshire Council employees in no way accept responsibility for any claims or demands which may be brought against it by third parties in any way by virtue of the installation operation or emergency rectification of any temporary traffic management within East Ayrshire Council's or South Ayrshire Council's jurisdiction.

	Tick
I agree to meet the costs as detailed herein	Yes
	No

Name	
Date	

Completed forms should be sent to [enquiries@ayrshireroadsalliance.org](mailto:enquiries@ayrshireroadsalliance.org) The completion and submission of this application DOES NOT automatically grant approval.