



For a temporary road closure to carry out A Special Event
s.16A Road Traffic Regulation Act 1984

DO NOT ATTEMPT TO CLOSE THE ROAD WITHOUT LAWFUL AUTHORITY

A MINIMUM OF 12 WEEKS NOTICE IS REQUIRED TO PROCESS AN APPLICATION
Note: There should be no assumption that this closure will be approved

Applicant Contact Details

Mr Mrs Ms	First name		Surname	
Company/ Organisation.....				
Name of person in overall control of the event				
Address				
.....				
.....				
Post Code				
Tel No:..... Fax No:..... E mail.....				

Emergency contact details

24 hour Contact
Name.....

24hr Telephone Number: Fax Number:.....

Email:.....

Signing Contractor details (If different to above)

Company/
Organisation

Address

.....Post Code

Details of Proposed Temporary Road Closure

Start Date Finish Date

Start Time Finish Time

Road Number (e.g. A379).....

Street Name/Description.....

Parish/Town.....

APPLICATION

Section of highway to be closed	From (12 fig Grid Ref)
	To (12 fig Grid Ref)
Length	
Note: A road can only be closed for 1 day on any occasion and cannot be closed for more than 3 days in any calendar year for social, sporting or community events, without special permission from the Secretary of State.	
Proposed Diversion Route:	
From	
To	
Via	
.....	
.....	

Consultation (For Major Events only)			
Please list Organisations/ Businesses and individuals consulted	Contact Name	Phone Number	Restrictions requested by the consultee

Declaration and Payment (For all organisers)
<p>I declare that the section of road detailed above needs to be closed to hold an Event which cannot be held whilst maintaining traffic flow. I understand that the cost for a closure is as detailed in the guidance notes issued to me. I declare that I have consulted and discussed this closure with those likely to be affected and agree to provide and maintain all signing, including advanced notice boards, required for a road closure for the duration of the works. I understand that I am responsible for the signing Event and diversion route in accordance with Chapter 8 and the Code of Practice for Safety at Street Works and Road Works. I have read and understand fully the guidance notes provided to me and will adhere to all responsibilities/duties required by Devon County Council.</p>
Payment enclosed <input type="checkbox"/> Order No.....
Insurance Cert No.....
Name:.....Position:.....
Signed:.....Date:.....