

Cork County Council

APPLICATION FORM TRCA

Temporary Road Closures

(In accordance with Section 75 of Roads Act, 1993 & part VIII of the Roads Regulations, 1994
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1899•	(In accordance	with Section	75 of Roa	ds Act, 1	.993 & part VI	III of the Roads F	Regulations, 199) 4)
1. Name of Organisation	,				·			
2.Address								
3. Contact Person				4. Con Ema				
5. Phone No. (Landline)			6. Mobile No.			Fax No.		
8.Location of road closed (attach additional necessary) Please attach mathe route(s) to be some proposed to be considered.	I information if p highlighting closed. of road(s)							
10. Suggested alt (all road numbers stated) Please attach mathe alternative ro	need to be p highlighting							
11. Dates of Prop Closure	osed Road	11(a) Comme Date	encement	DD/	MM / YY	11(b) End Date	DD / MM	// / YY
12. Time of propo		12(a) From				hrs 12(b To)	hrs
13. Road Closure Please tick (☑) appropriate box	Type the	24 hr Closur	е 🗆		OR	Daily Closure		
14. Purpose of ro	ad closure							
15. Was Planning required for the value purpose of this cl	works, the		16. Plannin Reference	_				
17. Name of Insu (Not insurance br								
18. A current signed and dated Site Specific Traffic Management Plan is required to be submitted with all applications. Please state name and qualification (where applicable) of person who prepared this Traffic Management Plan:								
18.(a) Name _			18. (b) (Qualifica	tion			_

Please tick (🗹) the appropriate boxes hereunder and overleaf:-

19. Type of Road Closure:	19(a) Event		
	19(b) Works		
	19(b) (i) Planned works 19(b) (ii) Routine works	or	
20. FOR ALL EVENTS (as at 19(a)) above	Or FOR ALL WORKS (as at 19 (b)), above:-:-		
20.(a) Please confirm that:-	The Traffic Management Plan, relative to this application, has been discussed and agreed prior to submission of this application, with the local Gardaí relevant stakeholders (i.e. Bus Eireann, Ambulance services,		
	fire Service, Schools etc.)		
	and the Local Cork County Council Area Engineer:		
20. (b) Please state <u>name</u> of Cork County Council Area Engineer who has	Name		
been consulted and <u>date</u> of this	Area Office		
consultation:	Date DD / MM / YY		
20.(c) Please state <u>name</u> of Garda, who has been consulted, and <u>date</u> of this	Name / ID		
consultation:	Station		
	Date DD / MM / YY		
21. For Planned Event	The Traffic Management Plan has been prepared by a		
(non Construction related)	competent designer:		
22. For Construction Related Projects (a) Planned Works:	(i) The Traffic Management Plan has been prepared by a competent designer, who has a	Ц	
(a) Flamieu Works .	current traffic management design qualification.		
	(ii) The holder of a current 3 day (SLG) Signing, Lighting &	П	
	Guarding CSCS card will be on site for installation /		
	modification / removal of the Traffic Management Plan.		
	(iii) The holder of a current 1 day Health & Safety at Roadworks CSCS card will be on-site where works are ongoing to maintain the Traffic Management system, as set out by the 3 day cardholder.		
22. For Construction Related Projects (b) Routine Works:	(i) The holder of a current 3 day (SLG) Signing, Lighting & Guarding CSCS card will be on site for installation /modification/removal of the Traffic Management Plan.		
	(ii) The holder of a current 1 day Health and safety at Roadworks CSCS card will be on site where works are ongoing, to maintain the Traffic Management system, as set out by the 3 day cardholder:-		

23. De	eclarations		
23. (a) belief.	I certify that the information provided is accurate and complete to the best of my knowled	edge and	
additio recove	I agree to pay the council in advance for the placing of advertisements in newspapers and conally any costs the council may incur arising from this event/application. I note that costs erable as a simple contract debt in any court of competent jurisdiction pursuant to section ads act 1993. Approval will not be given until estimated fees are paid in full.	are	
	Cork County Council is indemnified. of current Insurance including Proof of Indemnity is included with this application.		
	I have reviewed Cork Co. Council's Explanatory Notes (Rev 6) on Temporary Road Closure sociated with this Form.	es which	
Signe	ed Date DD /		
	CAPITALS)		
promo under s	n 75(3) of the Roads Act, 1993 - A road authority may recover from a person who holds, on the same of the revent or who carries out works or any other activity in respect of subsection (1) is in force, as a simple contract debt in any court of competent jurisdiction, hably incurred by it—	which an o	
-	to facilitate the holding of the road race or other event or the carrying out of works or a to repair damage to or remove defacement from the public road arising from the holdin other event or the carrying out of works or any other activity.	•	•
This Fo	orm must be accompanied by:		
•	A copy of your Public Liability Insurance policy document, covering the date of this even subject of this application. Cork Co. Council must be specifically indemnified thereon, a Authority, for €6.5 million.	-	
•	Current signed and dated Traffic Management Plan – with the name and qualification (vapplicable) of person who prepared the plan named on the document.	vhere	
•	Map clearly showing roads to be closed and alternative routes (corresponding road nur thereon, in both cases)	nbers	
Only o	on receipt of a fully completed Application Form together with supporting documentation	n as specifi	ied above.

can your Application be processed.

CONTACT DETAILS FOR RETURN OF COMPLETED APPLICATIONS AND/OR QUERIES:-

CONTACT DEPARTMENT	ADDRESS	EMAIL	PHONE NO.	FAX. NO.
Roads Finance & Admin Dept.,	Courthouse, Skibbereen, Co.	roadclosures@corkcoco.ie	028-21299	028-21995
Cork Co. Council	Cork			