

Traffic Management Team, Lewis House, Manvers Street, Bath, BA1 1JG.

Tel: 01225 394041

Email: [Traffic\_managementteam@bathnes.gov.uk](mailto:Transportation@bathnes.gov.uk)

Website: www.bathnes.gov.uk

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**APPLICATION FOR AN EMERGENCY TEMPORARY**

**TRAFFIC REGULATION NOTICE (TTRN)**

Please return this form, together with 1 copy of the plan, to the address above.

The plan should show the section to be closed in **red** and the alternative route in **green**

If you have any queries please contact the Traffic Management Team on 01225 394041

1. **TYPE OF RESTRICTION REQUIRED** (e.g. Road Closure / Footpath Closure / Waiting Restrictions / Weight Restriction / Banned or Compulsory Manoeuvre)

**(2) PRECISE EXTENTS OF RESTRICTION** Please give the full postal address and route number (if any), and / or OS points if applicable, and define **accurately** the start and finish points of the restriction (see note above). **Note – applications will be returned unprocessed where plans / descriptions are inaccurate or ambiguous.**

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**(3) ALTERNATIVE ROUTE** List the names and route numbers (if any) of **ALL** the roads that are proposed to be used to avoid the restriction. The route should also be shown on the plan (see note 2 above)

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**(4) START DATE & PERIOD OF RESTRICTION**

**(5) PURPOSE & NATURE OF WORKS NECESSITATING THE RESTRICTION**

…………………………………………………………………………………………………………………………………………….

**(6) PERMIT NOTICE NUMBER (for road closures only**

Name of Applicant……………………………………………………………………………………………………………………………...

Name of Company / Organisation……….…………………………………………………………………………….………..…

Address………………………………………………………………………………………………………………….…….…..….

…………………………………………………………………………………………………………………………………………

E-mail Address…………………………………………................................ Telephone No...………………………………..

Name and emergency telephone number of undertaker’s representative who may be contacted for call out / maintenance purposes.

**Note: The call out details shall be displayed on an information board at every site and the Highway Authority should be informed of these particulars before works commence on site**).

Name…………………………………………………………………………………………………………….………..…………

Emergency Telephone Number………………………………………………………………………………………………………………...

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##### **Charge for processing the Emergency TTRN:**

Charges relating to Orders and Notices made under the Road Traffic Regulations Act 1984 Section 14 (2) (a or b).

Section 14 (2) Emergencies: **£237**

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**Payment method:**

* Card Payment – Please can we ask that you use the secure link below, entering the reference TTRN\*\*\* road name where directed.
* <https://www.civicaepay.co.uk/BathNESEstore/estore/default/Catalog/Index?catalogueItemReference=E0000266&showSingleProduct=True&recurringOnly=False>

Please email us a copy of the receipt

Purchase Order number (if applicable) ……………………………………………………………………...

**PLEASE NOTE: THE APPLICATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT HAS BEEN RECEIVED**

**For internal use only** Cost Code…………………………………………………………………………

**Timescale**

This application **MUST** be received by the Traffic Management Team as soon as reasonably practicable. Where the proposal involves complex works or works on a major road and/or junction, it is advisable to contact the Traffic Management Team well in advance of the actual application on 01225 394041.

##### **The applicant must:**

1. Maintain pedestrian and vehicular access to frontages.
2. Undertake to inform all interests known to be directly affected by the proposed restriction including all frontages on the length of road concerned.
3. Provide, erect and maintain diversion signs, the type and siting of which must be in accordance with the requirement of The New Roads and Street Works Act, 1991, ‘Safety at Street Works and Road Works’ Code of Practice and read in conjunction with the Traffic Signs Manual, Chapter 8, and approved by the Council (see note C above).
4. Provide a supervisor of the works qualified as required under section 67 of the New Roads and Street Works Act, 1991.
5. Give notice as soon as possible prior to the TTRN expiring if extension period is required.

**I HAVE READ, UNDERSTAND AND ACCEPT THE CHARGE AND NOTES ABOVE**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company / Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_