

APPLICATION FOR TEMPORARY TRAFFIC MANAGEMENT ORDER -SECTION 14 of the ROAD TRAFFIC REGULATION ACT 1984.

Send all correspondence to: London Borough of Wandsworth, Network Management Section, Ground Floor Frogmore House Dormay Street, London SW18 1EY. Email: <a href="mailto:streetworks@richmondandwandsworth.gov.uk">streetworks@richmondandwandsworth.gov.uk</a>

S76 of The New Roads and Street Works Act 1991 authorises that the whole of the costs incurred by a highway authority in making an order under the terms of s 14 of the Road Traffic Regulation Act 1984 are recoverable. The current cost of such an order in Wandsworth is £ 1,900.00. Checking the box below confirms acceptance of this amount and confirms the inclusion with this form of a cheque made payable to 'Wandsworth Borough Council'.  I ACCEPT						
APPLICANT NAME:						
APPLICANT E-MAIL:						
CONTACT TELEPHONE:						
DATE OF APPLICATION:						
COMPANY NAME:						
COMPANY ADDRESS:						
PAYMENT METHOD (Please note that no card payment is to be made until a reference is provided)	Cheque  Credit/ Debit card					
CONTACT DETAILS	Name (Company or person):					
AVAILABLE TO THE PUBLIC (on						
website)	Tel:					
<b>Location Details:</b>						
ROAD NAME and address of						
works location						
POSTCODE						
FOSTCODE						
Nature and extent of restrictions: (please tick all as appropriate):						
Road Closure (Carriageway)		Directional closure				
Changes to One-Way Street		Footway / Footpath Closure				
Parking Restrictions (Not CPZ)		Banned turns (introduction or suspension)				
Suspension of Bus Lane		Cycle lane restriction/ closure				
Other:						
Reason for the restriction and details of works to be undertaken:						

START AND END DATE &	START		EI	END			
TIME (At least 6 weeks	DATE	TIME	DATE	TIME			
advanced notice is required)							
Include all necessary dates							
and times							
DAYS THAT RESTRICTIONS							
WILL APPLY (e.g. Monday –							
Friday/ Saturday – Monday)							
TIMES THAT RESTRICTIONS							
<b>WILL APPLY</b> (e.g. 09:00-							
16:00/ at any time)							
START POINT OF							
CLOSURE/RESTRICTION							
(Junction or property number)							
END POINT OF							
CLOSURE/RESTRICTION							
(Junction or / property number)							
<b>DIRECTION OF CLOSURE</b> (if							
applicable, e.g. Northbound /							
Westbound closure)							
PERMIT NUMBER / PAA							
NUMBER (if applicable)							
2) Disease should state and au	Alima Alba dimawala		hha alaannaa/naal				
3) Please clearly state and ou place: Please do not refer to any							
application.	piaris aitriougii a ti	anic managemer	ıt piari <u>MUST</u> be ii	iciuded with the			
аррисацоп.							
4) Who can we contact about the works?							
WITHIN WORKING HOURS							
NAME:							
CONTACT TELEPHONE:							
	OUTSIDE WO	RKING HOURS					
NAME:	00101211101						
CONTACT TELEPHONE:							
SIGNED:							
DATE:	/	/					
-	,	,					

Notes: Please provide details of the exact location of the works. The reason why the works have to be carried out (e.g. gas connections, crane operations etc). Details of all restrictions requested must be included in any traffic management plans complete with traffic signage in accordance with Chapter 8 of the Traffic Signs Manual 2006, and the Traffic Signs Regulations and General Directions 2016. The traffic order request must be received by the highway authority at least 6 weeks in advance of the start date of restrictions. If the proposed works affects or are near a bus lane or a bus stop, then it is the applicant's responsibility to inform London Buses:

## Please include with the application the following:

- Traffic management plan
- Method statement

- Draft letter to residents
- Risk assessment