



Northern Area Office
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**APPLICATION FOR TEMPORARY: ROAD CLOSURE / FOOTPATH CLOSURE / TRAFFIC
REGULATION**

Company Name and Address: _____

Invoicing Address if Different: _____

Purchase Order/Job Number : _____

(An official order from your company MUST be enclosed for the road closure to proceed. In each case the Area Office will need to be contacted for a quote and the Purchase Order must be to this value)

Works Address/Site: _____

Nature of Works: _____

Anticipated Start Date and Duration:
(N.B. to be confirmed by OCC) _____

Traffic Management Details

We request you to provide a diversion signing schedule on our behalf Yes No

A diversion schedule is attached for your approval (mandatory if answer to previous question is 'no') Yes No

Traffic management company to be used Accord Other

Please state: _____

Our Site Contact during the span of the closure will be: Name: _____

Telephone Number: _____

We confirm we hold £10,000,000 Public Liability Insurance Yes
Please ensure you enclose a copy of your Insurance

Signature _____

Name and Date (please print) _____