

## **THE ROAD TRAFFIC (TEMPORARY RESTRICTIONS) ACT 1991**

### **REQUEST FOR TEMPORARY TRAFFIC REGULATION ORDER**

Including ROAD CLOSURE, PARKING RESTRICTION & SPEED LIMIT REDUCTION requests

**ALL requests must be made at least 21 days in advance of the proposed restriction**

The current charges are as follows:

Notice: £270

Order: £500

Please contact the Traffic Management office on 01835 825223 for advice as to whether an order or a notice is required.

Any road signs which need to be provided by the Council in connection with the Order/Notice will need to be paid for by the applicant. Other traffic management companies can be appointed.

Please note that two separate invoices will be issued; one for the Notice/Order and one for the signs.

<b>Application Form</b>	<b>Purchase Order No. / Ref:</b>	
<b>1 TYPE OF TEMPORARY TRAFFIC REGULATION ORDER</b>	<b>Planned</b>	<b>Emergency</b>
Road Closure		
Footway or Footpath Closure		
Speed Restriction		
Parking Restriction		
Other Temporary Orders – Weight or Height Restriction etc		
<b>2 CONTACT DETAILS</b> – Contact Name, Number and E-Mail will be made available to the public for enquiries		
<b>APPLICANT'S DETAILS</b>	<b>CONTRACTOR'S DETAILS</b>	
Contact Name:	Contact Name:	
Address:	Address:	
Postcode:	Postcode:	
Phone 24/7 contact:	Phone 24/7 contact:	
E-mail address:	E-mail address:	
<b>3 LOCATION DETAILS</b> – please attach location plan and / or sketch where appropriate		
Road Number:		
Road / Street Name:		
Location of Closure:		
Length of closure / restriction ( m )	(Metres )	
Grid Reference – Start Point		
Grid Reference – End Point		

<b>4 PURPOSE AND NATURE OF THE WORKS:</b>			
Describe the purpose and nature of the works / event that requires the closure / restriction:			
Requested Start date of TTRO:			
Requested End date of TTRO:			
Start date of Works:			
Completion date of Works:			
Original Speed:	MPH	Restrict Speed to:	MPH
Original Weight / Height:		Restricted Weight / Height:	
<b>Details of Closure Times:</b>			
Requested Start time:			
Requested End time:			
Will Road be open overnight		Yes / No	
If yes – what times will the road be open:		to	
Will access be available for cyclists and pedestrians?		Yes / No	When -

<b>5 SIGNAGE OF CLOSURE AND DIVERSION</b>	
Do you require an estimate for the provision of closure and diversion signage?	Yes / No
If No – please provide details of persons responsible for Traffic Management. Please forward Traffic Management Plan to Traffic management Section for approval.	

<b>6 CONSULTATION</b>		
Has any consultation taken place with the following:		
Bus Companies	Yes / No	If yes, When?
Community Councils	Yes / No	If yes, When?

Signed:			
Tel No:		Date:	

Please return completed form to:  
 Road User Group, Scottish Borders Council, Newtown St Boswells, Melrose, TD6 0SA  
 Or  
 E-Mail to: [roadworks@scotborders.gov.uk](mailto:roadworks@scotborders.gov.uk)

**Please return this form as soon as the road has been permanently reopened.**

If you do not return this form to Scottish Borders Council you may be charged the maximum amount.

Location of closure: \_\_\_\_\_

Type of closure (Notice/Order) \_\_\_\_\_

On behalf of: \_\_\_\_\_ I confirm that the \_\_\_\_\_

road was closed from \_\_\_\_\_ am/pm on \_\_\_\_\_ and was reopened

at \_\_\_\_\_ am/pm on \_\_\_\_\_

**INVOICE DETAILS**

Invoice Address: \_\_\_\_\_

Reference No: \_\_\_\_\_ Tel No \_\_\_\_\_

Contact Name \_\_\_\_\_ Signed \_\_\_\_\_

**Please return this form as soon as the road is reopened (permanently) to:**

[roadworks@scotborders.gov.uk](mailto:roadworks@scotborders.gov.uk)

or

**Road User Group, Scottish Borders Council, Newtown St Boswells, Melrose, TD6 0SA**

**FOR OFFICE USE**

Date received: \_\_\_\_\_ Closure Charge \_\_\_\_\_

Additional charges for signs etc (if any) from order \_\_\_\_\_

Closure Charge: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

Admin Charge: \_\_\_\_\_ Invoice ref: \_\_\_\_\_

VAT: \_\_\_\_\_ Batch Number \_\_\_\_\_

Total Payable: \_\_\_\_\_ Invoice Number \_\_\_\_\_