Island Roads

TEMPORARY ONE-WAY RESTRICTION

Please complete this form and return it to: **info@IslandRoads.com**

APPLICANT
Name:
Address:
Post Code:
Telephone:
Mobile:
Email:

SITE CONTACT DETAILS	
Name:	Mobile No:

LOCATION DETAILS

ROAD NAME & No:
EXACT LOCATION:
PURPOSE OF RESTRICTION:
REASONS AS TO WHY THE RESTRICTION CANNOT BE AVOIDED:

DATES AND TIMES

FROM:	DAY & DATE:	TIME:
TO:	DAY & DATE:	TIME:

A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED BY ISLAND ROADS BEFORE A TRAFFIC ORDER CAN START FOR PROGRAMMED WORKS FROM THE DATE THE APPLICATION IS APPROVED. THE APPLICANT SHOULD ALLOW TIME FOR THE APPLICATION TO BE APPROVED AND THE START DATE OF THE RESTRICTION MAY DEPEND ON OTHER PROGRAMMED WORKS IN THE AREA. IN CASES OF AN EMERGENCY OR URGENT WORKS WRITTEN PERMISSION MUST BE OBTAINED FIRST BY EMAILING THE ABOVE ADDRESS.

TTRO CHARGE	**£1634 INC VAT**

DECLARATION

I HEREBY APPLY FOR PERMISSION TO REQUEST A TEMPORARY TRAFFIC ORDER ON THE HIGHWAY AND AGREE TO COMPLY WITH THE NECESSARY CONDITIONS REQUIRED BY ISLAND ROADS.

SIGNATURE……..DATE……..