



**APPLICATION FOR TEMPORARY TRAFFIC ORDERS  
INC. TEMPORARY ROAD CLOSURES**

Please read the following **BEFORE** filling in attached application form

- (a) It should be noted that road closure requests will not automatically be granted and their provision is subject to no other safe method of working within the highway being practicable.
- (b) Applications for temporary orders will ONLY be accepted if submitted on the attached form, AND the form is FULLY completed with ALL requested information attached.
- (c) Omissions or incorrectly filled application forms are likely to result in delays in processing applications, in addition, forms may be returned to the applicant.
- (d) You should be aware that following receipt of ALL requested information, the provision of a temporary order will take between 6 - 8 weeks.
- (e) Applications requesting temporary 'prohibition' type orders, including temporary road closures, MUST indicate a suitable alternative route to be used.
- (f) The alternative route signing will be required to enable any driver at one end of the closure, to gain access to the other end of the closure - in each direction (point 15 refers).
- (g) Any alternative route proposed will need to be provided with suitable temporary traffic management and will need to be submitted on a 'traffic management proposal' plan (point 16 refers).
- (h) The alternative route proposed for a road closure MUST be of a similar or HIGHER standard of carriageway to that being closed i.e. a busy 'B' road, road closure, would not permit the alternative route to run through a residential area. Any queries regarding a proposed alternative route, should be clarified by contacting Newport City Council's Traffic Management Section (01633) 656656, PRIOR to filling in the attached application form and preparing the proposed temporary traffic management proposals.
- (i) The current cost of providing a temporary traffic order is £2,420. An invoice will be sent to the 'company address' provided on the attached application form in due course.

**Application Form for Temporary Traffic Orders**

(Sheet 1 of 3)

**Today's Date:** .....

**(1)** Name of person making application: .....

**(2)** On behalf of which company, (inc, FULL postal address) – (*NOTE : invoice for costs will be sent to this address*):

.....  
.....  
.....

Post Code: .....

**(3)** Telephone Number: .....

**(4)** E-mail address, if applicable: .....

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**(5)** Name(s) of road(s) upon which the temporary closure(s) is/are to take place:

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**(6)** Name(s) of road(s) proposed to be used as the alternative route:

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**(7)** Proposed commencement date of closure: .....

**(8)** Proposed duration of closure: .....

**(9)** Description of works to be carried out and the reason for the temporary closure:

.....  
.....

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**(10)** Confirm whether:

(a) Safe pedestrian access will be available AT ALL TIMES along the length of closed highway (including access for wheelchairs and pushchairs);

**or that,**

**(Tick one box only)**

(b) Safe pedestrian access will be made available via separately signed route (if applicable, this separate route to be clearly identified on traffic management plan to be submitted - see \*\* below),

(Note: safe pedestrian access **MUST** be provided in some form or another).

**(11)** Confirmation required that access for emergency service vehicles WILL:

(i) be *immediately available at all times*  
(Even when works are being carried out)

**or**

(ii) be made quickly available  
(Plating over of excavations may be required)  **(tick one box only)**

**or**

(iii) *not* be available

If (iii), above state the reason(s) why this cannot be accommodated:

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**(12)** Confirm that:

(i) the closed length of road will be re-opened to *all* traffic  
each evening following the hours of daytime working  
(Backfilling excavations may be required)

**or**

**(tick one box only)**

(ii) the closed section of road cannot be re-opened each  
evening

If (ii) above state the reason(s) why this cannot be accommodated:.....

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.....  
.....

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**(13)** Name and DAYTIME contact telephone number for the proposed works to be carried out:

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**(14)** Name & 'out of hours' contact telephone number for the proposed works to be carried out -  
(required for Newport City Council's duty officers):

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**(15)** Plans to be submitted WITH THIS APPLICATION:

**SIX** copies of a suitable OS based plan, with key, indicating:

- (a) the extent of closed road marked in RED  (tick to confirm)
- (b) the alternative route in BLUE (refer to note (f))  (tick to confirm)
- (c) ALL relevant road names on the plan are CLEARLY indicated  (tick to confirm)

(NOTE: this drawing to show ONLY above information (i.e. no traffic management details)

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**(16)** SEPARATE temporary traffic management plans to be submitted:

Two copies of a suitable OS based plan clearly indicating proposed traffic management arrangements:

- (a) All traffic sign faces to be used as part of the proposed temporary traffic management,
- (b) The orientation of the sign faces, relevant to approaching traffic,
- (c) The proposed 'x' height of the letter size to be used on sign faces,
- (d) Colours of sign faces,
- (e) Details of sign faces to be provided in advance of road closure taking effect, informing drivers that the road is to be closed. These signs will need to include a contact name and telephone number for public enquiries,
- (f) **\*\*if** applicable, a separate, clearly identified pedestrian route to be indicated (Refer to point 10b above).

Once FULLY completed, and with plans attached as requested, please send to:

David Partridge  
Street Works Manager  
Newport City Council  
Civic Centre  
Newport  
South Wales  
NP20 4UR

email: [street.works@newport.gov.uk](mailto:street.works@newport.gov.uk)