



APPLICATION FOR TEMPORARY TRAFFIC ORDER (See Guidance Notes)

Applicant: Company: _____

Address: _____

_____ Post Code _____

Contact Name: _____ Office Tel No. _____

Mobile Tel: _____ Email: _____

Closure Location: Street: _____

Town: _____ Post Code _____

Order Type: (Road Closure / One Way Sign / Signals)

Duration: Start Date/Time: _____ End Date/Time: _____

Reason for Request: _____

Diversion Route: _____

For Road Closures, will access be maintained for:

Emergency Vehicles _____ Pedestrians _____ Residents _____

I hereby apply for a temporary traffic order, as detailed in this application form and agree to abide by the terms and conditions stipulated in the accompanying Guidance Notes.

Signed: _____ Print name _____ Date _____

HAS A TMA NOTICE BEEN APPROVED **YES** **NO**

Completed forms should be returned to:

roadclosures@caerphilly.gov.uk or posted to Caerphilly County Borough Council, Traffic Management, Penallta House, Ystrad Mynach, CF82 7PG