



Cork County Council

TRC APPLICATION FORM

Temporary Road Closures

(Pursuant to Section 75 of Roads Act, 1993 & part VIII of the Roads Regulations , 1994)

Prior to completing this Application Form, please review Cork Co. Council's Explanatory Notes – Rev 7

1. Applicant			Applicant's File Ref. No.		
2. Address and Eircode					
3. Contact Person			4. Contact Email		
5. Phone No. (Landline)		6. Mobile No.		7. Fax No.	
8. Designated Liaison Person			9. Contact Email		
10. Phone No. (Landline)		11. Mobile No.		12. Fax No.	
<p>13. Under GDPR your consent is required to transfer your personal information to Third Parties. This may arise in the event of enquiries / objections to this proposed Temporary Road Closure. Please indicate your consent to this <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">Yes No</p>					
14. Location of road proposed to be closed (attach additional information if necessary) <i>Please attach map highlighting the route(s) to be closed.</i>					
15. Road numbers of road(s) proposed to be closed.					
16. <u>Suggested</u> alternative routes (all road numbers need to be stated) <i>Please attach map highlighting the alternative route(s).</i>					
17. Dates of Proposed Road Closure	17(a) Commencement Date	DD / MM / YY	17(b) End Date	DD / MM / YY	
18. Time of proposed closure (please use 24hr clock)	18(a) From		hrs	18(b) To	hrs
19. Road Closure Type <i>Please tick (✓) the appropriate box</i>	24 hr Closure <input type="checkbox"/> OR Daily Closure <input type="checkbox"/>				
20. Purpose of road closure					

Cork County Council Road Closure Application Form – Rev 7

21. Was Planning Permission required for the works, the purpose of this closure?		22. Planning Reference no.	
23. Name of Insurance co. (Not insurance broker)			
24. Do these works necessitate the opening / excavating the public road / footpath / grass margin? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify road opening application ref. No. _____			

25. A current signed and dated **Site Specific Traffic Management Plan** is required to be submitted with all applications. This Site Specific Traffic Management Plan must include a risk assessment of diversion route(s). Please state name and qualification (where applicable) of person who prepared this Traffic Management Plan:

25.(a) Name _____ **25. (b)** Qualification _____

Please tick (☑) the appropriate boxes hereunder and overleaf:-

26. Type of Road Closure:	26(a) Event	<input type="checkbox"/>
	26(b) Works	<input type="checkbox"/>
	26(b) (i) Planned works	<input type="checkbox"/> or
	26(b) (ii) Routine works	<input type="checkbox"/>

[27. FOR ALL EVENTS \(as at 26\(a\)\) above](#) [Or FOR ALL WORKS \(as at 26 \(b\)\), above:-:-](#)

27.(a) Please confirm that:-	The Traffic Management Plan, relative to this application, has been discussed and agreed prior to submission of this application, with :	
	the local Gardaí	<input type="checkbox"/>
	and the Local Cork County Council Municipal District Engineer	<input type="checkbox"/>
	relevant stakeholders (e.g. emergency services, ambulance services, fire service, coastguard, scheduled private and public transport services, schools) etc.	<input type="checkbox"/>

27. (b) Please state <u>name</u> of Cork County Council Area Engineer who has been consulted and <u>date</u> of this consultation:	Name	
	Area Office	
	Date	DD / MM / YY

27.(c) Please state <u>name</u> of Garda, who has been consulted, and <u>date</u> of this consultation:	Name	
	Station	
	Date	DD / MM / YY

28. For Planned Event (non Construction related)	The Traffic Management Plan has been prepared by a competent designer:	<input type="checkbox"/>
---	--	--------------------------

29. For Construction Related Projects

(a) Planned Works :

(i) The Traffic Management Plan has been prepared by a competent designer, who has a current traffic management design qualification.

(ii) The holder of a current 3 day (SLG) Signing, Lighting & Guarding CSCS card will be on site for installation / modification / removal of the Traffic Management Plan.

(iii) The holder of a current 1 day Health & Safety at Roadworks CSCS card will be on-site where works are on-going to maintain the Traffic Management system, as set out by the 3 day cardholder.

29. For Construction Related Projects

(b) Routine Works :

(i) The holder of a current 3 day (SLG) Signing, Lighting & Guarding CSCS card will be on site for installation /modification/removal of the Traffic Management Plan.

(ii) The holder of a current 1 day Health and Safety at Roadworks CSCS card will be on site where works are ongoing, to maintain the Traffic Management system, as set out by the 3 day cardholder

30. Insurance Policies :

Please tick (✓) the appropriate boxes hereunder confirming that the following have been arranged and are in place for the duration of the works :- If No, please outline reasons

(a) Public & Products Liability

€6.5million

Yes No

(b) Employers Liability €13 million

Yes No

(c) Specific indemnity to Cork Co. Council

Yes No

(d) Specific indemnity for this Temporary Road Closure

Yes No

31. Declarations

31. (a) I certify that the information provided is accurate and complete to the best of my knowledge and belief.

31. (b) I agree to pay the Council in advance for the placing of advertisements in newspapers and to pay additionally any costs the Council may incur arising from Event/Works. I note that costs are recoverable as a simple contract debt in any court of competent jurisdiction, pursuant to section 75(3) of the Roads Act 1993. *Approval will not be given until estimated fees are paid in full.*

31.(c) (i) I hereby agree to effect and keep in force for the duration of the temporary road closure such public & products liability, employer’s liability or other policies of insurance as may be necessary to cover Cork County Council against any claim arising out of or on foot of this temporary road closure, and to ensure that Cork Co. Council is indemnified by the Insurers, and to produce completed **Confirmation of Insurances Form** to the Council, showing evidence that it is valid and subsisting.

31. (c). (ii) I will indemnify and keep indemnified Cork County Council against all and any expenses, costs, claims, demands, damages or other liabilities howsoever arising in respect of the injury or death of any person or damage to any property howsoever arising in anyway out of or associated with this temporary road closure, whether by reason of any negligence or breach of duty or breach of statutory

duty or breach of contract or nuisance by me or my respective servants, agents or any party associated with this temporary road closure and to indemnify Cork County Council in full in respect of all claims referred to in this paragraph.

31. (d) I have read and understand Cork Co. Council's Explanatory Notes (Rev 7) on Temporary Road Closures which accompany this Form.

Privacy & Data Protection:

Personal information collected by Cork County Council is done so in order for us to process your application. Legally we can process this information as it is necessary for us to comply with our statutory / legal obligations. The protection of your personal data is a key priority for the Council and your data will be processed in line with our Privacy policy which is available at <https://www.corkcoco.ie/Privacy-Policy> or hardcopy from our offices at County Hall, Carrigrohane Road, Cork, Ireland. Should you have any questions about our privacy policy or the information we hold about you, please contact us by email to dpo@corkcoco.ie or write to us at Data Protection Officer, Cork County Council, County Hall, Carrigrohane Road, Cork, Ireland.

Signed

Date

DD / MM / YY

NAME

(BLOCK CAPITALS)

(on behalf of
Applicant)

Section 75(3) of the Roads Act, 1993 - A road authority may recover from a person who holds, organises or promotes a road race or other event or who carries out works or any other activity in respect of which an order under *subsection (1)* is in force, as a simple contract debt in any court of competent jurisdiction, any costs reasonably incurred by it—

- a) to facilitate the holding of the road race or other event or the carrying out of works or any other activity,
- b) to repair damage to or remove defacement from the public road arising from the holding of the road race or other event or the carrying out of works or any other activity.

This Form must be accompanied by:

- **Completed Confirmation of Insurance Details Form** – see attached. Note this must be completed by your Insurance Broker / Insurance Company covering the date of this event, the subject of this application
- Current signed and dated Traffic Management Plan – with the name and qualification (where applicable) of person who prepared the plan named on the document.
- Map clearly showing roads to be closed and alternative routes (corresponding road numbers thereon, in both cases)
- Evidence (for example Grant of Planning) of Planning Permission(s) granted (where appropriate) e.g. cattle underpass

Only on receipt of a fully completed Application Form together with supporting documentation as specified above, can your Application be processed.

CONTACT DETAILS FOR RETURN OF COMPLETED APPLICATIONS AND/OR QUERIES:-

CONTACT DEPARTMENT	ADDRESS	EMAIL	PHONE NO.	FAX. NO.
Roads Finance & Admin Dept., Cork Co. Council	Courthouse, Skibbereen, Co. Cork	roadclosures@corkcoco.ie	028-21299	028-21995

Note:- It is an offence to change any of the details in this Application Form