**LONDON BOROUGH OF MERTON**

**TTRO Application**

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| --- | --- | --- | --- | --- | --- |
| LICENCENUMBER |   | RECEIPTNUMBER |   | PERMITNUMBER |   |
| TO BE COMPLETED BY THE LONDON BOROUGH OF MERTON NETWORK COORDINATION TEAM  |
| **APPLICATION APPROVED** | **YES** | **NO** | **CONFIRMED START DATE** |   |
| **SIGNED** | **PRINT NAME** | **CONFIRMED END DATE** |  |

**To process your licence, you need to ensure the following:**

1. **Enclose Completed Application form - Missing/Incorrect details will cause delays.**
2. **Provide Site plan & traffic management plan for all road users (where applicable).**
3. **Provide Emergency Contact number (24 hours).**
4. **Pay Application Fee as per below table.**
5. **Provide copy of public liability insurance, risk assessment and method statement.**
6. **Provide a copy of notification letter to business and residents (where applicable).**
7. **Read and Adhere to TTRO Conditions**
8. **Apply in advance – Applications may take up to 8 weeks to process.**
9. **Provide a contactable number – If we are unable to make contact your application will be refused.**

**Please Indicate duration of temporary traffic regulation order required**

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| --- | --- | --- | --- |
| **14(1)** **0–3 Months (£2809.69)** |  | **14(1) 12-18 Months (£4530.00)** |  |
| **14(1) 3–6 Months (£3147.19)** |  | **14(2) Emergency Notice (£2809.69)** |  |
| **14(1) 6-12 Months (£3742.81)** |  |  |  |

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| **APPLICANT / COMPANY NAME:** (Applicants should be the person who ensures the conditions of the licence are met and supply public liability insurance) |
|  |
| **COMPANY ADDRESS:** |
| **EMAIL ADDRESS:**  |
| **PHONE NO:** |  | **CONTACT NAME:** |  |
| **24HR CONTACT NO:** |  | **24HR CONTACT NAME:** |  |

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| --- |
| **Details of Proposed Works Location** |
| Name of Road & Locality of Closure: |
| Nature of Activity:  |
| Proposed Restrictions: |
| F/W C/W Verge  | Length of Closure in meters | Start Point | End Point | Surface Type  |
|   |   |  |   |   |
|   |   |  |   |   |
|   |   |  |   |   |
| Proposed Diversion: |
| Proposed Start Date:  |  |  Proposed End Date: |  |
| Road Classification:  |
| Reason for TTRO:   |
| Proposed traffic control:  |
| **Note: Please attach a Traffic Management plan with this application**  |

**Temporary Traffic Regulation Order Conditions**

1. Provide information on the general locality, road name and road number. If the works are to be executed on or in the vicinity of a borough boundary, please state those other boroughs affected.
2. Describe the reason why this activity needs to be performed. For example, this could be new water main connection / installation of cabling / reinstatement etc.
3. A traffic management drawing must be attached to the application and should show full details of restrictions and must also detail all temporary signage in accordance with Safety at Street Works and Road Works ‘A Code of Practice’, Chapter 8 Traffic Signs Manual and Traffic Signs Regulations and General Directions. The requested traffic order can’t be processed until these details and traffic management provisions have been approved.
4. Exemptions in the traffic order would need to be made for vehicles requiring access to or through a restricted length of road. State these details here. Note that works can’t be carried out if they prevent at any time pedestrian access to properties in or adjacent to the works area.
5. State proposed times and dates of the works.
6. Provide full details of any diversion routes that are required resulting from road closures or restrictions. This should also be illustrated on the Traffic Management plan. If the diversion route includes roads other than those on Merton’s Road network, then consultation with the respective Traffic and/or Highway authority must be performed.

**IMPORTANT INFORMATION**

Notes:

* It is the responsibility of those seeking the temporary traffic regulation notice to provide no parking cones; warning signs; to advise residents of the temporary restrictions and to cover the existing signs.
* The council does not provide a tow-away service.

**LICENCE AGREEMENT**

**In making this application the named applicant shall:**

1. **Agree to pay the charge associated with the restriction as set out in the ‘Councils’ schedule of fees/rates**
2. **Agree to fulfil the standard conditions.**
3. **Recognises that the Council may impose Additional Conditions specific to this particular application.**
4. **You should note that any costs incurred by the Council as a result of the licence will be recharged to you.**

**Please note you can use any of the following methods to pay:**

* **By BACS**
* **By credit card / debit card – If you wish to use this facility, please call 0208 545 4124**

**Please return completed application to** **Network.Co-Ordination@merton.gov.uk**

**APPLICANT SIGNATURE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUBMITTED BY** | **SIGNATURE** |  | **PRINT NAME** |  | **DATE** |  |