

Comhairle Contae Chorcaí 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 County Council's Explanatory

Notes - Rev 9

	Notes – Rev S	1						
1. Applicant				Applicant's File Ref. No.	S			
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	D.	
13. Under GDPR y	our consent is i	required to tran	sfer your perso	nal information	n to Third Par	ties. This m	ay arise ir	1 the event
of enquiries / obj	of enquiries / objections to this proposed Temporary Road Closure. Please indicate your consent to this Yes No							
14. Address of proposed Road Closure (attach additional information if necessary) Please attach map highlighting the route(s) to be closed.								
15. Road numbers of road(s) proposed to be closed.								
16. Will local access be maintained throughout the duration of the Road Closure?		Yes No If no, please clarify Please tick appropriate box.						
17. Suggested altroutes (all road not to be stated). Please attach may the alternative ro	umbers need o highlighting							
18. Dates of Properties	osed Road	18(a) Commenceme Date	ent DD/N	/IM / YY	18(b) End D	Pate) / MN	/I / YY
19. Time of propo (please use 24hr o		19(a) From			hrs 19(b)) To		hrs
20. Road Closure Please tick (☑) appropriate box	the	24 hr Closure		OR	·	Closure		
21. Purpose of ro	ad closure				Night	ly Closure	<u> </u>	

22. Was Planning Permission	23. Planning			
required for the works, the	Reference No.			
purpose of this closure?				
Yes/No				
24. Name of Insurance Co. (Not insurance broker)				
25. Do these works necessitate t	he opening/excavating the pu	ablic road/footpath/grass margin?	□ No	
If Yes, please specify road opening	ng application ref. No			
26. 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:				
26(a) Name	26(b) Qua	alification		
Pleas	se tick (🗹) the appropriate	e boxes hereunder and overleaf:-		
27. Type of Road Closure:		27(a) Event		
		27(b) Car Rally		
		27(c) Works		
		27(c)(i) Planned works		
		27(c)(ii) Routine works	or	
28.(a) FOR ALL TYPES OF				
ROAD CLOSURES AS AT 27	The local Gardaí			
above. Please confirm that the			And	
Traffic Management Plan,			_	
relative to this application,	The Local Cork County Council Municipal District Engineer			
has been discussed and			And	
agreed prior to submission	Any relevant stakeholder	s (e.g. emergency services, ambulance	П	
of this application with:	·	stguard, scheduled private and public	Ш	
	transport services, schools etc).			
28.(b) Please state <u>name</u> of	Name			
Cork County Council Area				
Engineer who has been	Area Office			
consulted and <u>date</u> of this	Date	D/MM/YY		
consultation:				
28.(c) Please state <u>name</u> of	Name			
Garda, who has been				
consulted, and <u>date</u> of this	Station			
consultation:	Date	D/MM/YY		
29. For Planned Event or	The Traffic Management	Plan has been prepared by a competent	П	
Car Rally, as in 27(a) or 27(b) above	designer:	, , , , , , , ,	ш	
10				

30.(a) For Construction Related Projects as in 27(c)(i) above 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.	
30.(b) For Construction Related Projects as in 27(c)(ii) above 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	
31. 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 D	
(b) Employers Liability €13 million	Yes □ No □	
(c) Specific indemnity to Cork Co. Council	Yes No D	
(d) Specific indemnity for this Temporary Road Closure	Yes No D	
32. Declarations		
32.(a). I certify that the information p belief.	provided is accurate and complete to the best of my knowledge and	
additionally any costs the Council ma	vance for the placing of advertisements in newspapers and to pay y incur arising from Event/Works. I note that costs are recoverable of competent jurisdiction, pursuant to section 75(3) of the Roads until estimated fees are paid in full.	
road closure such public & products li necessary to cover Cork County Coun closure, and to ensure that Cork Cour	ree to effect and keep in force for the duration of the temporary lability, employer's liability or other policies of insurance as may be cil against any claim arising out of or on foot of this temporary road noty Council is indemnified by the Insurers, and to produce completed the Council, showing evidence that it is valid and subsisting.	

exper or dea this te statut associ	32. (c)(ii) The Applicant 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.				
-) I have read and understand Cork County Council's Explanatory Notes (Rev 9) on Temporary Road res which accompany this Form.				
Persor Counc	y & Data Protection: In all information is collected by Cork County Council to enable the processing of your application. Cork County It can legally process this information as it is necessary to comply with its statutory/legal obligations. Such It is a vailable at www.corkcoco.ie				
Sign	ed Date DD/MM/Y	/			
NAN	ИE				
	K CAPITALS) ehalf of Applicant)				
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promo under s	1. 75(3) of the Roads Act, 1993 - A road authority may recover from a person who holds, organises or tes a road race or other event or who carries out works or any other activity in respect of which an organises or subsection (1) is in force, as a simple contract debt in any court of competent jurisdiction, any costs ably incurred by it:-	ler			
a) b)	to facilitate the holding of the road race or other event or the carrying out of works or any other acti to repair damage to or remove defacement from the public road arising from the holding of the road other event or the carrying out of works or any other activity.				
This Fo	rm 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				
-	n receipt of a fully completed Application Form together with supporting documentation as specified ur Application be processed.	l above,			

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

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