temporary traffic order APPLICATION FORM (TTRO)

|  |  |
| --- | --- |
| **Please Send Your Applications to:**  **Cambridgeshire County Council**  **Street Works Team**  **Vantage House**  **Washingley Road**  **Huntingdon**  **Cambridgeshire**  **PE29 6SR**  **Tel: 01480 372444**  **Email: street.works@cambridgeshire.gov.uk** | **Applicants Details:**  **Name: Stephen McGee**  **Address: Vantage House**  **Washingley Road**  **Huntingdon**  **PE29 6SR**  **Tel: Duane Smith 07740817545**  **Emergency 24 hour Contact No:**  **Duane Smith 07740817545**  **Email:** **Stephen.mcgee@cambridgeshire.gov.uk** |

**The cost of this application is:**

**£1095.00 for a Full Order or £770.00 for an Emergency Order**

**YOU MUST ALLOW AT LEAST 12 WEEKS FOR THIS ORDER TO BE PROCESSED. A STREET WORKS PERMIT MUST HAVE BEEN SUBMITTED BEFORE THIS FORM WILL BE CONSIDERED**

**PLEASE TICK ALL RELEVANT OPTIONS THAT APPLY:**

**√ √ √ √**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ROAD CLOSURE** | **√** | **FOOTPATH CLOSURE** |  | | SPEED LIMIT |  | | **OTHER (Please specify below)** | |  |
| **Additional T/M**  **Requirements** | None  X | | | | | | | | | |
| **Description of Works:**  **Works order to carry out replacements to damaged bridge joints.** | | | | | | | | | | |
| **Road Name** | | | | **Chatteris Road** | | | | | | |
| **Parish / Town** | | | | **Mepal** | | | | | | |
| **Road Number (i.e.: A140)** | | | | A142 | | | | | | |
| **Location of Works** | | | | Mepal Viaduct | | | | | | |
| **Closure Start Date:** | | | | 25/02/2022 | | | **End Date:** | | 14/03/2022 | |
| **Closure Times: 24/7 or Specify Times** | | | | Each weekend from Friday 2030 until Monday 0500hrs: 25/02/2022 – 28/02/2022  04/03/2022 – 07/03/2022  11/03/2022 – 14/03/2022 | | | | | | |
| **Working Hours: 24/7 or Specify Times** | | | | 24hr working on rotating shifts during above dates and times | | | | | | |
| **Diversion Route – List all roads & parishes (with names and numbers if possible)**  **These can be found on** [**Roadworks.org**](http://www.roadworks.org) **with “NSG” selected under Operational Info within the Map Layers Menu.**  **Please provide a map showing the extent of the closure and diversion route.** | | | | Diversion route:  A142  A141  A1  A14  A10  A142  And vice versa  See attached diversion route plan. | | | | | | |
| **Will the alternative route include a Trunk road? (If so it is the responsibility of the applicant to gain agreement from the Highways Agency and submit a copy of the approval to Street Works)** | | | | Yes  Details: Road space application submitted to National Highways. I will forward confirmation when received | | | | | | |
| **Does the above route have any restrictions, i.e. Low bridges, weight limits, tunnels, fords, ‘one way’ or other Orders on it? (If Yes then please give details).**  **Some of these can be found** [**here**](https://www.cambridgeshire.gov.uk/residents/travel-roads-and-parking/roads-and-pathways/heavy-or-abnormal-loads-on-the-highway/) | | | | No | | | | | | |
| **Will this Order apply to pedestrians and/or equestrians? (If so please provide details)** | | | | No | | | | | | |
| **Please add any comments that you feel may assist the application** | | | |  | | | | | | |

|  |  |
| --- | --- |
| Payment Details  Please specify the details of the company or individual that Cambridgeshire are to collect payment for the TTRO to be processed. | |
| **Company Name: Cambridgeshire County Council** | |
| Address:  Abi Adebayo  Vantage House  Washingley Road  Huntingdon  PE29 6SR | Tel. No: |
| Email:  Abimbola.adebayo@cambridgeshire.gov.uk |
| **Your Order Number**  **LA 456800** | |

|  |
| --- |
| **Please note: It is the applicant’s responsibility to inform residents, businesses, the Local Parish Council and County Councillors about the closure. We may request to see the information you have sent them prior to sending you the legal order. Details can be found by following this** [**link**](https://my.cambridgeshire.gov.uk/myCambridgeshire.aspx)  **FAILURE TO ADHERE TO THE CONDITIONS SET OUT WITHIN THIS DOCUMENT MAY RESULT IN AN APPROVED ORDER BEING WITHDRAWN.** |

REQUIRED ADDITIONAL IMPORTANT INFORMATION

1. Please ensure you give the official road name with the correct spelling for which the Order is required.
2. Access may be allowed to Emergency Services **IF** safe passage permits.
3. Pedestrian/Cyclist and Access to properties must be allowed at **ALL** times, unless otherwise agreed.
4. An order will only be granted where a suitable alternative route or arrangements are available.
5. A clear map showing the extent of the closure and diversion route must be attached to this application.
6. Signs 1050mm by 750mm bearing the words “This Road will be closed “From ………. To …………..” and including the dates of the closure **MUST** be placed at all approaches to the site **at least 14 days** prior to the proposed closure.

###### DECLARATION:

**All the information given in this application is true and I have checked all the names of streets and parishes against an official map of the area.**

Applicant’s Signature:……………………Stephen McGee…………………………. Date: ………26/11/21…..

**Company**………………………… Cambridgeshire County Council……………………………………………………

**Position**………………………Bridge Engineer……………………………………………………………………………..