

## Temporary Traffic Orders (TTO) under Road Traffic Regulation Act 1984

### INFORMATION

1. This form should be used for the application of a Temporary Traffic Order for traffic restrictions and /or road closures relating to street works, for development works such as temporary structures or for a relevant event including filming.
2. All temporary road closures and traffic restrictions must be signed in accordance with Chapter 8 of The Traffic Signs Manual, together with any specific signing requirements requested by the local authority or the Metropolitan Police. Particular regard should be paid to signing of diversion routes when required.
3. A detailed traffic management plan describing the traffic management and any diversions **"MUST"** be submitted with the application.
4. Applicants must be insured against any third party claims.
5. The legislation for filming as amended by the London Local Authorities and Transport for London Act 2008, and Section 16(B) of the Road Traffic Regulation Act 1984. Any filming of less than 24 hours duration will be facilitated through a Notice and that of longer duration through an Order.
6. **The Council must advertise Orders and therefore you need to make the application 9 weeks in advance (THE NINE WEEKS STARTS FROM DATE OF PAYMENT RECEIVED AND CONFIRMED).**
7. Apply for Film Notices two weeks in advance. Apply for a Film Order six weeks in advance.
8. There is a scale of charges for road closures for temporary structures depending on duration and length of closure which the permit coordinator will provide.
9. If it is agreed that weekend or out of hours working is necessary, then there is daily charge for officer attendance
10. The applicant must comply with to any reasonable instructions given by any authorised officer of the Council
11. If you need to suspend parking bays, contact the Parking Section on 020 7364 5003
12. The applicant must allow maintaining access for refuse collection or making necessary arrangement in agreement with the relevant officers. General enquiries 020 7364 5004
13. A copy of the letter to residents and businesses affected by proposed road closure **"MUST"** be submitted with the application form.
14. Letter drop to residents and businesses affected **"MUST"** be completed two weeks before start of road closure.
15. Please note applying for a road closure does not indicate permission or approval for your closure to take place.

### APPLICANT INFORMATION

Applicant/Company name:

Company address:

Phone:

E-mail:

Mobile:

### DETAILS

Location & Reason of Closure/Restriction (specify length of road affected):

**(THE START DATE IS A MINIMUM OF NINE WEEKS STARTS FROM DATE OF PAYMENT RECEIVED DUE TO ADVERTISING RESTRICTIONS & SUBJECT TO NO CONFLICT OF WORKS).**

Duration of works:

State date:

Finish date:

Site meeting date:

Description of alternative routes:

### DETAILS OF TRAFFIC RESTRICTION AGREED AT SITE MEETING ATTENDED BY;

1.	Network Coordinator
----	---------------------

2.	Metropolitan Police
3.	Buses
4.	Environmental Health
5.	Emergency Services
6.	Other, i.e. Local Property/Businesses

### TYPE OF TRAFFIC ORDER REQUESTED BY CLIENT AND AGREED AT MEETING

Legislation	Description	Fee	
S.15.	Programmed street works (for duration of S14(1) exceeding eighteen months) Fee to be agreed at site meeting with Coordinators	£_____	<input type="checkbox"/>
S.14.2	Emergency works only by Notice	<b>£1052.00</b>	<input type="checkbox"/>
S.14.1	Programmed street works (for duration of one day to fifteen days)	<b>£1960.00</b>	<input type="checkbox"/>
S.14.1	Programmed street works (for duration of sixteen days to eighteen months) <b>Fee to be agreed at site meeting with Coordinators</b>	£_____	<input type="checkbox"/>
S.14 or S.15	For Public right of way, footpath or footway (for reasons of development works or utilities maintenance depending on durations)	£_____	<input type="checkbox"/>
S.16A	Sporting event, social event or entertainment by Order	<b>£1960.00</b>	<input type="checkbox"/>
S.16A	Street parties (charges apply for Adverts and must be paid for by clients)	<b>Recharge of disbursements only.</b>	<input type="checkbox"/>
S16B of RTRA 1984	Filming by Notice	<b>£1052.00</b>	<input type="checkbox"/>
S16B of RTRA 1984	Filming by Order	<b>£1960.00</b>	<input type="checkbox"/>
Weekend or out of hours working daily charge		<b>£252</b>	<input type="checkbox"/>
Have nearby Properties / Businesses affected by the closure, been contacted or advised about works?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

### PAYMENT DETAILS

Payment can be made by cheque, debit or credit card.

1. Payment will be taken over the phone by our payment/Admin team and a proof of payment issued once payment is confirmed as received. Payment will be taken prior to the road closure coming into effect and will be guarantee process of the application. Please ensure your accounts team is aware.  
If the account team is different to what is provided please provide details;

Payee (accounts) name:

Payee (accounts) contact number:

**The completed application must include the cheque/s to avoid delay.**

2. Card payments can be made over the telephone by calling 0207 364 6731.

Client's signature:	Date:
---------------------	-------

**REFUNDABLE DEPOSIT**

**Deposit payment is required for S.14.1 & S.15 where duration is over 15 days. Discuss with Network coordinator before completing this section.**

Please insert measurement & Total ( Length & Width) of ground surface affected :

Length\_\_\_\_\_ Width\_\_\_\_\_ Total msq:\_\_\_\_\_

Deposit Amount ( Square meter X £213\*): \_\_\_\_\_

*\*predefined calculated cost subject to yearly review*

**Initial Inspection Agreement:** No defect apparent / the following defects were apparent ( Separate sheet):

	Network Coordinator	Applicant/Client	Date
<b>Signed</b>			

**Please provide details for the refund of the deposit** ( Payee Name, Bank Acc Number, Bank Sort Code)

<b>Payee Name</b>		<b>Bank Name</b>	
<b>Bank Acc No</b>		<b>Bank Sort Code</b>	

**NETWORK CO-ORDINATOR**

Name:

Phone:

E-mail:

Mobile:

Network Coordinator signature:

Date:

Has the application been logged onto the tracker

TM Plan agreed

Publication notice ready

Applicable for deposit charge?

Yes  No

Over 16 days TTRO approved by operation manager

Date:

**Final Inspection**

The Above Order/Notice is complete and site is clear

No further damage caused? Yes  ( sign and return deposit) No  ( see below)

If ' No ' is ticked: List the area of damage and deposit amount to be withheld for repairs:

**Final Inspection**

	Network Coordinator	Applicant/Client	Date
<b>Signed</b>			

**FOR OFFICIAL USE ONLY****Occupancy Payment**

Payment Made?	Cheque: <input type="checkbox"/>	Card: <input type="checkbox"/>	Date:
---------------	----------------------------------	--------------------------------	-------

Cost code: R9205.53302.A0584      Weekend work: R9205.53302.A0579

**Deposit Payment**

Payment Made?	Cheque: <input type="checkbox"/>	Card: <input type="checkbox"/>	DATE:
---------------	----------------------------------	--------------------------------	-------

Cost code: BZ550.59170.A2169

If sending by post:

Network Management Team  
LB Tower Hamlets  
Room 1.7  
John Onslow House  
1 Ewart Place  
E3 5EQ  
020 7364 5000