Application form to temporarily close a Public Right of Way or Unclassified County Road



Temporary Traffic Regulation Order

Section 14 Road Traffic Regulation Act 1984

Applicant	NOTE: The Invoice will be made out to the Applicant or their company (if applicable). Invoices will not be made out to another party. If the Applicant wishes to recover costs from a third party, this is a private matter for the Applicant						
Contact Name			Invo	ice addre	ess		
Company			(if d	ifferent)			
Address							
_							
Postcode			Pos	t code			
Douting Tal No.			Dur	chase Ord	lor		
Daytime Tel. No.			No.	(if	lei		
Mobile Tel. No.			арр	licable)			
Email							
Path or Way	Attach	a large scale p	olan highliç	hting the	section of path to be closed		
Path No. or Name			Parish(s)			
Description of route to be closed (with grid references if possible)							
Reason(s) for application Please give details of any works to be carried out, and the effect on the path							
Trace in the patrician in the patricians of any works to be sufficient out, and the effect of the patricians							
Will an alternative ro	vuto bo provi	dod during the	a works?	NO			
vviii aii aiteriiative rc	oute be provi	ueu uuring tiit	e works:				
				YES	Show alternative route on the plan		
Proposed duration o	f the works	Start date:		•			
		End date:					

Will the surface of the par		
If yes, please attach a spe	cification detailing how the surface of the p	path will be repaired.
Applicant's declaration.	I/We agree to:	
 Pay the Council's fee 	s of £1759.18 (fees are valid to 31 March	2025).
 I understand it is my others. 	responsibility to recover costs from other	parties if the costs are to be shared with
 Fully repair any dama 	age caused to the surface of the path.	
 Maintain pedestrian a 	access to property at all times.	
The Council requires at lea arrange the legal closure o	est six weeks notice (and preferably eight) f a public right of way.	of the work commencing in order to
	sts will be invoiced once the adverts have ments of the Council's fees and costs so f	
Signed		
		Date
Name		
Position		
Organisation/Company _		
Please return this form to:	Please contact before submitting the ap	plication:
Varwickshire County Council, Rights of Way,	For North Warks, Rugby, Nuneaton & Bedworth Districts/Boroughs:	For Stratford & Wawick Districts:

Please return this form to:	Please contact before submitting the application:		
Warwickshire County Council, Rights of Way,	For North Warks, Rugby, Nuneaton & Bedworth Districts/Boroughs:	For Stratford & Wawick Districts:	
PO Box 43, Shire Hall Warwick, CV34 4SX	Marina Kirchem 01926 412909	Richard Barnard 01926 412910	
	marinakirchem@warwickshire.gov.uk	richardbarnard@warwickshire.gov.uk	