

APPLICATION FOR TEMPORARY ROAD CLOSURE Under the Town Police Clauses Act 1847 (TPCA)

APPLICANT CONTACT DETAILS	
Company / Organisation Name and Address	
Contact Name	
Email Address	
Office Tel. No.	
Mobile Tel. No.	
Out of Hours 24 hour contact Tel. No.	
TEMPORARY CLOSURE / RESTRICTION DETAILS	
Name of Road(s) Affected	
Town / Parish	
Section / Length of Highway to be Closed	<div style="display: flex; justify-content: space-between;"> From To </div>
Proposed Closure Dates	<div style="display: flex; justify-content: space-between;"> Start Date Start Time </div> <div style="display: flex; justify-content: space-between;"> End Date End Time </div>
Is the Closure Continuous?	Please tick appropriate box: <input type="checkbox"/> YES <input type="checkbox"/> NO If No the restriction will apply on a daily basis between the above stated times
Reason for Closure / Prohibition	
Access arrangements 1) Will access be maintained 2) Which traffic classes will be affected by the closure?	Please tick appropriate box(es): <input type="checkbox"/> Will be maintained whenever and wherever possible <input type="checkbox"/> No access will be maintained <input type="checkbox"/> Access for pedestrians only <input type="checkbox"/> All motor vehicles <input type="checkbox"/> Cycles <input type="checkbox"/> Pedestrians
Please provide any further information relevant to this application	Continue on a separate sheet if necessary:
DIVERSIONARY ROUTE AND TRAFFIC MANAGEMENT DETAILS	
Diversion Route(s) (A plan showing the section of the highway(s) to be closed and the proposed alternative route must accompany this application)	Please include a WRITTEN diversion (this is in addition to any plans/drawings):

DECLARATION

I declare that the section of road(s) detailed overleaf needs to be closed to facilitate the event, which cannot be carried out whilst maintaining traffic flow. I declare that I have consulted and discussed this closure with those likely to be affected and agree to provide, maintain and then remove all signing required for the closure

Signed:

Date:

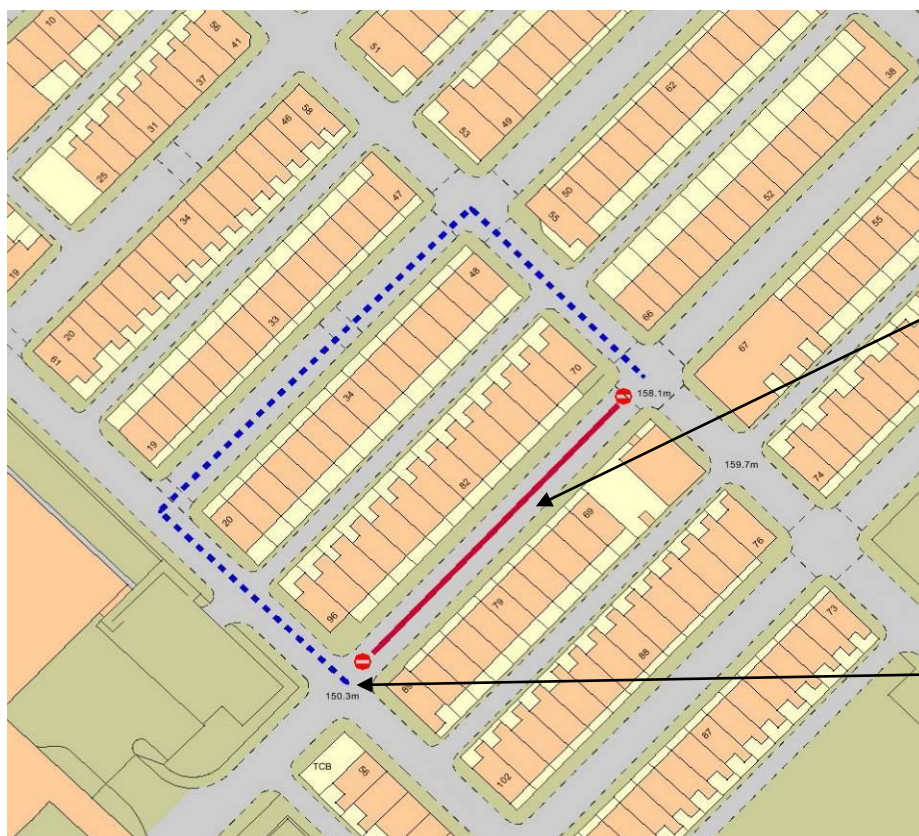
Completed form and accompanying documents, plans etc. to be sent to:
The Events and Community Liaison Officer, Neighbourhood Services,
Pendle Borough Council, Elliott House, 9 Market Square, Nelson, BB9 0LX.

Please note that you should not proceed with the road closure until the Council has granted the request and you have received formal notification to proceed with the closure.

Pendle Borough Council requires **12 weeks' advance notice** in order to process an application for a temporary road closure under the Town Police Clauses Act 1847.

Example Plan

As per the example shown, please supply a plan which clearly shows the length of or section of highway affected, and a suitable alternative route. (The Lancashire County Council's online mapping system Mario <http://mario.lancashire.gov.uk/agsmario/> has a function which enables users to draw lines and basic symbols, and the option to save the images as necessary.)



Section of
highway to be
closed/affected

Alternative route