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|  | **Application for Temporary Traffic Restrictions for Events** |

TO COMPLETE THIS FORM PLEASE CLICK OR TAP ON THE WHITE TEXT FIELD OR SELECT A CHECK BOX.

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| **Title of Event:** | *(Event name.)* | **Date(s) of Event:** | *(Date.)* | to | *(Date.)* |

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| **Applicant Information** |

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| Full Name: | *(First name, Surname)* | Email: | *(Email address)* |

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| Address: | *(Full postal address.)* |

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| Contact Phone No.: | *(Number)* | **Contact Phone Number to be displayed on Public Notice:** | *(Number)* |

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| Applying on behalf of: | *(Organisation.)* |
| Charity Number: | *(Please supply Charity Number if applicable.)* |
| Company Purchase Order (PO) Number: | *(If it is a Commercial Event (for profit), please supply PO number.)* |

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| **Event Details** |

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| **Description of Event – what does the event involve?** (A plan showing the location / route of the event  Please list all of the roads affected, diversions required, etc. **must** be provided with this form) |
| *(List all of the roads affected including the full extents of the sections of road you are restricting. e.g. From junction with \*\*\* to junction with \*\*\*.)* |

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| Expected Attendance Numbers: | *(Number.)* |
| Comments: | *(Any relevant comments.)* |

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| Type of Restriction: | Full Road Closure:  Rolling Road Closure:  Other Restriction: |
| Other Restriction: | *(Please specify other restriction).* |

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| Event | From | am | to | pm | Date(s): On / From | Day |  | D | / | M | / | YY | to | Day |  | D | / | M | / | YY |
| Times: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Is closure to be removed daily if Event is more than 1 day? | YES  NO | If NO: | *(Have discussions been held with affected properties/businesses?)* |

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| Is your Event taking place on the public road? | YES  NO | Provide details | *(Details.)* |
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| Is access to be maintained for pedestrians? | YES  NO | If YES: | *(Please describe measures to be put in place.)* |
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| Is access to be maintained for residents vehicles? | YES  NO | Describe Access: | *(Residents must be able to access their properties where it is physically possible to do so. Please give a full description of how this access is to be maintained for the duration of the works. Or give reasons why and when this will not be possible.)* |
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| Is access to be maintained for emergency service vehicles? | YES  NO | Describe Access: | *(Explain whether Emergency service vehicles will be able to access the restricted section of road or whether they will have to use an alternative route.)* |
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| Are public transport services (bus routes) affected? | YES  NO | Details: | *(Where buses have to be re-directed the Traffic Management team will require 10 extra working days’ notice to carry out consultation with bus companies.)* |

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| **Consultation** |

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| Have you consulted with any other Organisations about your Event? i.e. Fife Council Events Team / Police Scotland. | YES  NO | Details of consultation: | *(Details)* |

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| **Other Information** |

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| Any other information that may be relevant to your application: |
| *(This box gives you unlimited space to note any other information you feel is relevant or important to your application.)* |

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| **THE EVENT ORGANISER IS REQUIRED TO ARRANGE FOR ALL NECESSARY TRAFFIC MANAGEMENT. WHO WILL BE PROVIDING NO WAITING CONES AND SIGNS WHERE REQUIRED?** |
| *(Please provide details of the Traffic Management Company or source of the No Waiting Cones/Signs etc.)* |

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| **Checklist** |
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| **TEMPORARY TRAFFIC RESTRICTION CHECKLIST** |
| Please check all relevant information has been provided along with any required attachments before the application is submitted. |

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| **TICK** | **ENSURE YOU HAVE PROVIDED** |
|  | NAME AND DATE(S) OF EVENT. |
|  | CONTACT TELEPHONE NUMBER FOR PUBLIC NOTICE. |
|  | CHARITY NUMBER (IF APPROPRIATE) OR PO NUMBER IF COMMERCIAL EVENT. |
|  | FULL DESCRIPTION OF THE EVENT, ROADS AFFECTED AND ANY REQUIRED DIVERSION ROUTE. |
|  | EXPECTED NUMBERS ATTENDING. |
|  | TYPE OF RESTRICTION AND FULL DESCRIPTION IF ANY OTHER RESTRICTIONS REQUESTED. |
|  | IF RESTRICTIONS IN PLACE FOR 24HRS, DETAILS OF DISCUSSIONS WITH AFFECTED PROPERTIES/BUSINESSES. |
|  | DETAILED DESCRIPTION IF THE EVENT IS ON A PUBLIC ROAD |
|  | PEDESTRIAN ACCESS MEASURES FULLY DESCRIBED. |
|  | ARRANGEMENTS TO ALLOW ACCESS FOR RESIDENTS AND EMERGENCY SERVICES VEHICLES. |
|  | DETAILS OF HOW PUBLIC TRANSPORT SERVICES (BUS ROUTES) ARE AFFECTED. |
|  | DEATAILS OF ANY CONSULTATION WITH OTHER BODIES OR ORGANISATIONS. |
|  | WHO IS PROVIDING TRAFFIC MANAGEMENT SUCH AS BARRIERS, NO WAITING CONES OR SIGNS? |
|  | PLAN / MAP OF THE LOCATION OR ROUTE OF THE EVENT HAS BEEN ATTACHED |

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| **Notes** |

To agree appropriate restrictions and diversions contact: Roads Network Management Unit for the relevant area. It is the responsibility of the applicant to provide Diversion & Road Closure signage.

Please return the application form to [FifeEvents@fife.gov.uk](mailto:FifeEvents@fife.gov.uk)

For any queries contact the appropriate local Network Management Officer:

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|  | North Fife | South Fife |
| Address: | Fife Council  Roads & Transportation Services  Network Management  Bankhead Central  Bankhead park  Glenrothes  KY7 6GH | Fife Council  Roads & Transportation Services  Network Management  Bankhead Central  Bankhead park  Glenrothes  KY7 6GH |
| Tel: | 03451 555555 Ext 447063 | 03451 555555 Ext 447063 |
| Email: | [John.Brack@fife.gov.uk](mailto:John.Brack@fife.gov.uk) | [Jamie.Armit@fife.gov.uk](mailto:Jamie.Armit@fife.gov.uk) |

The Information gathered on this form will be held by Fife Council for the purpose of determining (grant/refuse) an application under the Road Traffic Regulation Act 1984 Section 16A OR Roads (Scotland) Act 1984 Section 62. It will be shared with Statutory Undertakers and third parties using the Scottish Roadworks Register for roadwork co-ordination, etc. All collection, use and storage of personal information will be in accordance with the Data Protection Act 1998.

Further information is available on the website www.fife.gov.uk