**Network Manager, London Borough of Sutton, 24 Denmark Road, CARSHALTON, SM5 2JG**

**e-mail:** [**streetworks@sutton.gov.uk**](mailto:streetworks@sutton.gov.uk) **Telephone: 020 8770 6426**

**NOTE:**

**APPLICATIONS FOR TTMOs - A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED TO PROCESS THE LEGAL DOCUMENTS**

**APPLICATIONS FOR TTMNs WILL DEPEND ON THE CIRCUMSTANCES**

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| **APPLICANT CONTACT DETAILS – this information will be available to the public** | | |
| **Applicant Name:** |  | |
| **Company /Organisation:** |  | |
| **Address:** |  | |
| **Telephone Number:** |  | |
| **E-mail:** |  | |
| **WORKS / ACTIVITY MANAGEMENT INFORMATION** | | |
| **24 hr Contact Name:** |  | |
| **24 Hour Tel:** |  | |
| **Telephone / Mobile No.** |  | |
| **E-mail** |  | |
| **CONTRACTORS** | | |
| **Please provide general contractors details for your signing or traffic management contractor** | | |
| **Contact Name:** |  | |
| **Company /Organisation:** |  | |
| **Address:** |  | |
| **Telephone / Mobile No.** |  | |
| **If you have discussed this application with a Streetworks officer of LBS, please provide details. Who, when and what arrangements have been agreed prior to this application?** | | |
|  | | |
| **DETAILS OF TEMPORARY RESTRICTIONS / PROHIBITIONS** | | |
| **Is this an emergency** e.g. gas leak, burst water main | |  |
| **Is this application for Planned works** | |  |
| **Is this application for something else** (please specify**)** | |  |
| **Utility work** | |  |
| **NRSWA Permit submitted** | |  |
| **Reason for Prohibition /Restriction:** *(e.g. water/gas/electricity/phone / resurfacing / implementation of traffic scheme/ works adjacent to highway)* | | |
|  | | |
| **LOCATION INFORMATION** | | |
| **Road Name /s:** |  | |
| **Section of highway / s to be closed / restricted / prohibited**  **(eg between junction of…)** |  | |
| **Confirm A3 plan will be submitted with this application which is to indicate diversion routes** |  | |

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| **PROHIBITION/RESTRICTIONS REQUIRED – please indicate the type of restriction required ✔** | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | Road Closure |  | Footpath Closure |  | One Way |  | Bus Lane Closure |  | |  |  |  |  |  |  |  |  | | Banned left turn |  | Banned Right Turn |  | Bay suspension |  | Waiting restrictions |  | |  |  |  |  |  |  |  |  | | Weight Restriction |  | Width Restriction |  | Speed Limit |  | Other |  |   **If you have ticked other please state what you require:** | |
| **LIST ANY EXISTING RESTRICTIONS** | |
| **Existing Prohibitions and Restrictions:**  *(eg: one-way – yellow line restrictions, bus stop clearways, parking bays, low bridges, weight limits):* | |
| **What action is to be taken regarding these prohibitions and restrictions?** | |
| **DIVERSION ROUTE** | |
| **Suggested Diversion Route:**  *(inc. road names and Nos. and confirmation if for*  *both*  *directions of traffic)* |  |
| **Are any bus routes affected?**  *Diversion route(s) for buses*  *if different from above* |  |
| **Are any other highway authorities affected by the diversion and have you informed them?** |  |

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| **DATES RESTRICTION REQUIRED** | | | | | |
| **Date and time restrictions to be implemented?** |  | | | | |
| **Date and time restriction to be removed?** |  | | | | |
| **Will the restriction required be in place 24 hours a day?** |  | | | | |
| **Working hours:** |  | | | | |
| **ACCEPTABLE ACCESS** | | | | | |
| **What access will be made available during the restriction:**  You must state clearly what access is available through the restriction whilst in force. | (This must include pedestrian, frontage and emergency access arrangements) | | | | |
| **COORDINATION AND LIAISON** | | | | | |
| **Please list Organisation /Businesses/ individual** | |  | | | |
| **DECLARATION and PAYMENT** | | | | | |
| **I have read and agree to the conditions contained in the following pages** | | | | |
| **NAME** |  | | | |
| **POSITION** |  | | | |
| **SIGNED** |  | | **DATE** |  |
| **Purchase Order No. :** |  | | | |
| **Invoice Address &**  **Contact Name/No**  **(if different from above)** |  | | | |

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| **TEMPORARY TRAFFIC MANAGEMENT ORDER / NOTICE**  **C O N D I T I O N S** |
| If your application requires buses to be diverted and / or stops to be suspended then **agreement from TfL must be obtained.** |
| The completed form is to be submitted **no later than 3 MONTHS** prior to the proposed implementation date. Unless the application is for a TTMN and application will be processed depending on the situation. |
| The costs incurred by the Council in processing and advertising the Temporary Traffic Management Order will be charged to the Applicant. The costs are as indicated on our webpage  Please send your purchase order to **streetworks@sutton.gov.uk** please note we do not accept cheques as a method of payment. |
| The Applicant will advise in writing, the nature and duration of any temporary restriction or prohibition to be contained within the Order prior to its commencement to any property fronting the length of road(s) affected.  The following must be agreed with **streetworks@sutton.gov.uk**   * the extent of the frontages to be notified You must provide us with a copy of your correspondence.   The content of any correspondence for sensitive works |
| The applicant shall indemnify the Council against any claim attributable to the proposed work and must carry public liability insurance to the value of £10 million per claim. |
| A3 plan(s) indicating the road(s) or parts of road(s) affected by a road closure / prohibition / restriction **must** accompany the application form. The area covered by the plan(s) should be sufficiently extensive to allow the indication of any diversion route(s) and the positions of signs giving advance notice of the works. |
| If permanent traffic signals are required to be switched off the applicant must make suitable arrangements with Transport for London. |
| **IMPORTANT**: Once your application has been accepted and temporary parking restrictions are to be introduced you need to contact the Council’s Parking Services Department at least one week prior to works commencing. They will arrange for the appropriate signs and cones to be displayed - a charge is levied for this service.  Please Telephone **020 8770 5070 or email** [**parking.enquiries@sutton.gov.uk**](mailto:parking.enquiries@sutton.gov.uk) |
| The Police reserve the power to modify, and, if necessary, remove any road closure, on the grounds of public safety or in the event of a major incident, even if an Order is in force. The Police also reserve the right to assist in traffic direction if it becomes necessary for any reason. |
| Any TTMO will be subject to any statutory condition(s) imposed as part of any Planning and or Environmental Health Application e.g. restrictions on night time working |
| All signs used in the temporary traffic measures shall comply with the Traffic Signs Manual Chapter 8. |
| Signs conforming to regulation 41 of The Traffic Signs and General Directions 2016 shall be erected on site facing each direction of traffic flow, ten days prior to the Order coming into force. These signs shall state the type of measures being undertaken and the start date. |
| The contractor is required to ensure that the nominated person/s responsible for actually implementing and if necessary subsequently checking the restriction signing must have the relevant supervisor or operative qualifications as per NRSWA (street work accreditation). |
| **PLEASE RETURN YOUR COMPLETED APPLICATION FORM containing enclosures**  **TO:** [**streetworks@sutton.gov.uk**](mailto:streetworks@sutton.gov.uk)  **This email address can be used for assistance or general enquiries** |