# Temporary Road Closure Application Form

Primary Contractor Details

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| --- | --- |
| Name: | Click here to enter your name |
| Company: | Click here to enter the company |
| Phone number: | Click here to enter phone no |
| Mobile number: | Click here to enter mobile no |
| Email: | Click here to enter an email |
| Date of application: | Click to enter a date |

Closure Details

|  |  |
| --- | --- |
| Project Ref: | Enter project details |
| Scope of Works: | Click here to enter scope of works |
| Reason for closure: | Justification of road closure |
| Road or section of road to be closed: | Click here to enter road name and suburbfrom House No / RP / Intersection to House No / RP / Intersection For a length of Number of metres |
| Closure period: | CLOSED - ContinuouslyIf continuous closure: Closure to be deployed from Time am or pm on Click or tap to enter start date.to Time am or pm on Click or tap to enter end date.If closure deployed on a Duration basis:From Time to Time on a Duration basisBetween Click or tap to enter start date. and Click or tap to enter end date. |

Impacts no Areas of Interest

|  |  |
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|[ ]  Level 2 Road |[ ]  Hospitals or medical centres  |
|[ ]  Bus route required to be detoured |[ ]  Suburban shopping areas or malls |
|[ ]  School/childcare centre or tertiary campus  |[ ]  Police, Fire or Ambulance station impacted |

**Note: Detour routes must be shown in the TMP on a separate diagram(s), clearly showing which roads are being used and what direction traffic is travelling.**

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| **Office Use Only**Approved by: |

 Revision 2 – 26/06/2023