

**COMHAIRLE CATHRACH CHORCAÍ
CORK CITY COUNCIL**



**Roads and Transportation Directorate – Transportation Division
Room 335, City Hall, Cork. Tel: 021-4924526 / 4924149**

FORM R1 APPLICATION FOR TEMPORARY ROAD CLOSURE [Ver.2 /May21]

Reference No: R1 / _____ /
(Official Use Only)

1. Applicant: _____
2. Address of Applicant: _____
3. Designated Contract Person: _____
4. Contact Tel. No: _____ Mobile Tel No: _____ E-Mail: _____
5. Road/Street Name: _____
6. Section of Road: From: _____
To: _____
7. Dates Closed: From: _____ To: _____
8. Hours Closed: From: _____ To: _____
9. Reason for Closure: _____
10. Length of Road affected: _____ meters
11. Length of Disc Parking: _____
12. No. of Disc Parking Bays affected: _____ (please see note 1)

Note 1: Where parking bays are not defined a parking space shall be a 5 metre linear unit of space on a public road in a Disc Parking area

A traffic management plan must be submitted with all applications (see Condition 3 over) together with the appropriate charge.

I hereby apply for approval for a temporary road closure and agree to be bound by the general conditions listed and specific conditions imposed by Cork City Council.
I agree to comply with the provisions of the agreed works statement traffic management plan.
I hereby undertake to maintain Employers Liability of €13M and Public Liability €6.5M policy with a minimum limit of indemnity of €6,500,000 for a single claim indemnifying Cork City Council against all claims, proceedings, liabilities, losses or expenses of whatever nature arising as a result of the temporary road closure.

Designated Contact Person/ Co-ordinator of Safety and Health on site: _____

Mobile Tel. No. _____ Tel No. Night _____ (BLOCK CAPITALS)

Date : _____ Signed: _____

NAME: (BLOCK CAPITALS) _____

For official use only

<i>Receipt Number</i>	<i>Amount</i>
Receipt Number (Fee)	
Receipt Number (Parking Charge)	

