

This application form is for: Road/Footpath Closures, Width/Height/Weight/Length Restrictions, One Way, Banned Turn, Restricted Access, Speed Limit and Parking or Loading Restrictions.

Does your works:

- **Affect a bus route?**
 - You must contact ECC Passenger Transport before applying
- **Affect the A12, A120, M11 or M25?**
 - You must contact the Highways Agency before applying
- **Affect roads in Southend-on-Sea, Thurrock or another County?**
 - You must contact the relevant Local Highway Authority before applying.

Essex County Council will not process your application without written confirmation that you have permission to use roads managed by other bodies and that arrangements have been made to accommodate bus services.

PASSENGER TRANSPORT	IPTU.Roadworks@essex.gov.uk
HIGHWAYS AGENCY CONTACTS	
Area 5: M25	roadspace@connectplum25.co.uk
Area 6: A12/ A120/ M11	EastRegionRoadspace@highwaysengland.co.uk

Application must be received **at least 12 WEEKS** ahead of your planned start date.

PART SIX TO BE RETURNED TO ECC IMMEDIATELY AFTER WORKS COMPLETED

YOU WILL BE INVOICED FOR YOUR APPLICATION. DO NOT SEND CHEQUE IN.

Part One: Applicant details	
Applicant name:	[REDACTED]
Applicant address:	CORE HIGHWAYS SOUTHEAST, TORMOHUN HOUSE, BARTON HILL ROAD, TORQUAY, TQ2 8JH
Telephone:	[REDACTED]
E-mail:	[REDACTED]@COREHIGHWAYS.COM

On behalf of ?	CADENT GAS
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Part Two: Order Details			
Type of TRO to be made or suspended:	Road Closure		
	Other		
Existing restrictions to be suspended?			
Road name/footpath number:	LONDON ROAD A133		
Town/ Parish:	CLACTON ON SEA	District:	TENDRING
Description of affected road/ footpath:	CLOSED FROM THE JUNCTION OF ST JOHNS ROAD TO OUTSIDE NUMBER 100 LONDON ROAD		
Reason for TRO:	GAS MAINS REPLACEMENT - WORKING ON BEHALF OF CADENT GAS		
Proposed start date:	21/04/2025	Proposed finish date:	27/05/2025
Will work be for 24 hours a day or specific times? <i>If so state times</i>	Start time:	Finish time:	24hrs:
			<input checked="" type="checkbox"/>
Proposed duration:	5 WEEKS		

Please complete for Road/Footpath Closures, Weight/Width/Length/One Way/Banned Turn/Restricted Access Only

List the roads to be used as the diversion route :

B1369 - B1027 - END.
B1369 - B1027 - A133 - END

Districts/Parishes affected by diversion:

CLACTON ON SEA - TENDRING

PLEASE SELECT FROM BELOW:

Night-time closure

☒

Day-time off-peak closure

☒

Day-time peak closure

☒

Emergency closure to ensure public safety

☐

Will the closure or diversion affect sensitive locations?

(E.g. Schools/ Hospitals/ Emergency Service Facilities)

No

Other:

Will works or diversion route affect:

Yes

No

Bus route

☒
☐

Highways Agency road

☐
☒

Road managed by another Local Authority

☐
☒

Please ensure all permissions and bus service arrangements are agreed with bus operators prior to works commencing.

Is access to properties to be maintained?

☒
☐

Is access to be maintained for emergency service vehicles?

☒
☐

If no, please ensure you have liaised with the emergency services prior to sending the application.

Is access to be maintained for

Pedestrians

Will the road/footpath be open outside the working times?

☐
☒

Please Complete For Temporary Speed Limits Only

What temporary speed limit is required?	
What is the existing speed limit?	

Please Complete For Temporary Parking or Loading Restrictions Only

Are there existing restrictions to be suspended?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list times of operation:		

Part Four: Declaration

I understand that Essex County Council will invoice me for processing the above application and I agree to pay the sum of:

£322.71 for a Closure by Notice/ £1,426.72 for a Closure by Order

EVEN if the works are cancelled and the closure does not take place.

I understand that it is my responsibility as the applicant to ensure copies of the has made notice are placed in a prominent position at each end of the length of road to which the order relates and at the points at which it will be necessary for vehicles or pedestrians to diverge from the road.

I agree to send Part Six in at the end of the works.

Name: <i>(Please print)</i>		Date:	07/05/2025
Signature:		Contact details:	
Position in company:	CONTRACT MANAGER	Name of company:	CORE HIGHWAYS
Purchase Order No.	PLA-022281		

- Please submit your send your completed application by email to ttro@essexhighways.org for Closures by Order and ttrn@essexhighways.org for Closure by Notice.
- If your application is in relation to a Section 50 licence, please submit your application to Section50@essexhighways.org

Part Five: ECC Office Use Only		
Date received:		
Invoice amount:		
Please select a Payment Method:		
Replicon Code:		
	Yes	No
Network approval received:	<input type="checkbox"/>	<input type="checkbox"/>
Network approval attached:	<input type="checkbox"/>	<input type="checkbox"/>
Date closure approved/ refused:		
By (Officer):		

Part Six (to be submitted after works are completed)			
Confirm date notice placed on site:		Confirm date notice removed from site:	
Location of notice:	Date monitored:	By:	Date photos taken:
Name: <i>(please print)</i>		Date:	
Signature:		Contact details:	
Position in company:		Name of company:	