



APPLICATION FOR TEMPORARY ROAD CLOSURE

8 WEEK MINIMUM ADVANCE NOTIFICATION REQUIRED

1. Applicant Details

Company/Organisation Name: _____

Address: _____

Phone no: _____ Email: _____

Contact Name: _____

All conditions relating to temporary road closures are available at:

<https://kildarecoco.ie/AllServices/Transport/temporaryroadclosure/>

Please ensure to read these conditions before completing this application.

2. Details of Closure

Road/Street Name		
	From	To
Section of road to be closed		
Dates of Closure		
Hours of Closure		
Reason for Closure		
Alternative Route i.e. Traffic Management Plan Map & Wording (See condition 9.)		

3. Length of Road affected _____

4. Number of Paid Parking Bays affected _____ (See condition 8.)

5. Any statutory signage to be removed _____
(See condition 16.)

Temporary Road Closures – Application and Conditions



6. Declaration

I hereby apply for approval for a temporary road closure and agree to be bound by the general conditions listed on attached appendix and any specific conditions imposed by Kildare County Council. I agree to comply with the provisions of the agreed work statement/traffic management plan. I hereby undertake to maintain a public liability insurance policy with a minimum limit of indemnity of €6.5 million for a single claim indemnifying Kildare County Council against all claims, proceedings, liabilities, losses or expenses of whatever nature arising as a result of the temporary road closure.

I have included the following with this application:

☐ **Traffic management plan – Map & Wording**

i.e. alternative route as detailed in **No. 2 ‘Details of Closure’**

☐ **Map of road showing diversion and alternative route(s)**

☐ **A copy of your public liability insurance**

(Indemnifying Kildare County Council against all claims, proceeding, liabilities, losses or expenses of whatever nature, however arising in connection with the road closure for the period of times during which the road closure is in place with cover of €6.5 million.)
(See condition 15.)

Signature: _____ Date: _____

Details are available in relation to our Data Protection Policy Statement at <https://kildarecoco.ie/YourCouncil/GovernanceandCompliance/DataProtection/DataProtectionStatement> or you can request a hard copy at 045 980 200.