



APPLICATION TO REQUEST A ROAD CLOSURE

Please complete this form and return it to: Info@IslandRoads.com

APPLICANT	
Name:	
Address:	
Post Code:	
Telephone:	
Mobile:	
Email:	

SITE CONTACT DETAILS	
Name:	Mobile No:

LOCATION DETAILS

Road name:
Exact Location:
Closure from junction with:
To junction with:
Reason for closure:
Reasons to why a road closure cannot be avoided:

DATES AND TIMES

FROM:	Day:	Date:	Time:
TO:	Day:	Date:	Time:

A MINIMUM OF 3 MONTHS NOTICE IS REQUIRED BY ISLAND ROADS BEFORE A ROAD CLOSURE CAN START FOR PROGRAMMED WORKS FROM THE DATE THE APPLICATION IS APPROVED. THE APPLICANT SHOULD ALLOW TIME FOR THE APPLICATION TO BE APPROVED AND THE START DATE OF THE CLOSURE MAY DEPEND ON OTHER PROGRAMMED WORKS IN THE AREA. IN CASES OF AN EMERGENCY OR URGENT WORKS WRITTEN PERMISSION MUST BE OBTAINED FIRST BY EMAILING THE ABOVE ADDRESS.

ROAD CLOSURE CHARGE:	£657.16 INC VAT (£104-29-ADVERTISING CHARGE IS SUBJECT TO VAT @ 20%)
Payment is required on application.	

DECLARATION

I HEREBY APPLY FOR PERMISSION TO REQUEST A ROAD CLOSURE ON THE HIGHWAY AND AGREE TO COMPLY WITH THE NECESSARY CONDITIONS REQUIRED BY ISLAND ROADS.

SIGNATURE.....DATE.....