

ROADING

Temporary Road Closure Application Form

Primary contractor details

Name: _____

Company: _____

Contact number: _____

Email: _____

Date of application: _____

Closure details

Reason for closure (enter event name or purpose of road/infrastructure works):

Road or section of road to be closed (e.g. High Street from Percival Street to Victoria Street, Rangiora):

Closure period (e.g. 9am, Monday 18 February 2020 to 5pm, Friday 28 February 2020, or Friday 28 February 2020 from 10am to 2pm):

Impacts to areas of interest

Level 1 High Volume (L1HV) Roads

Hospitals, medical centres or schools

Bus route

Dense commercial spaces e.g. main roads through Kaiapoi and Rangiora

Pegasus Town or Red zone

NOTE: Detour routes must be shown in the TMP on a separate diagram(s), with clear detail showing which roads are being used and what direction traffic is traveling.

Office use only

Approved by: _____