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## Street Works Section | Town Police Clauses Act

### Application for a Temporary Traffic Order – Street Party

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Applications must be received no later than three weeks before the event. A deposit of £35 is payable for the placement of a 'Road Closed' sign (to be collected). The deposit will be refunded when you return the sign. **Please make cheques payable to Flintshire County Council.**

Date of application: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice Address: *(if different from above)* \_\_\_\_\_  
\_\_\_\_\_

Order Number: \_\_\_\_\_

Please arrange a Road Closure at: *(address)* \_\_\_\_\_  
\_\_\_\_\_

☐ Location plan enclosed showing the affected length and the alternative route (if applicable) clearly marked. Your application will not be accepted if you do not provide a plan.

Date from: \_\_\_\_\_

Date to: \_\_\_\_\_

Time from: \_\_\_\_\_

Time to: \_\_\_\_\_

Reason for closure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please supply Company name and contact details of Signing Contractor *(if using one)***

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: *(block letters)* \_\_\_\_\_