



Road Closure Application Under Town Police Clauses Act 1847

(Please read application notes before completing this form)

Name of applicant and / or contact _____.

Role of Applicant and/ or contact _____.

Address of applicant and/ or contact _____.

_____.

_____.

Postcode _____.

Telephone No. _____.

Email Address _____.

Name of Event _____.

Purpose and nature of event _____.

Date(s) of closure required _____.

Time of closure required _____.

Roads to be closed _____.

Have you enclosed your signing schedule and list? YES / NO

Have you enclosed details of marshalling and first aid arrangements for the event? YES / NO

Has this event been held previously? YES / NO

If yes, are the arrangements applied for amended in any way? YES / NO

If yes, please give details _____.

Have you consulted any other organisations regarding this event? YES / NO

If yes, please specify _____.

Please give details of any other businesses, including bus services and residents which may be affected _____.

I/ we hereby indemnify the Mendip District Council against all claims whenever which arising which may be made against them by reason of making the Road Closure Order and to defray all costs incurred as a result of such claims being made,

I/we agree to pay all costs of making good any damage to the highway for reason of making the Road Closure Order including damage to any alternative route for diverted traffic.

I/we confirm that I/we hold public liability insurance for the event for a minimum cover of £5 million.

I/we agree to provide, erect, maintain and remove all safety measures, including all signs, lighting etc., required to protect the public and property at the site of the event and on the diversionary route for the duration of the closure and to defray all costs incurred in the event of failures to do so.

I/we agree to consult all residents, business, bus and taxi companies which may be affected by the closure and confirm in writing to the Council that we have done so.

I/we agree to keep clear access at all times for emergency vehicles during the closure and acknowledge that the closure will apply to all other traffic.

I/we agree to be available during, immediately before and after the event so that we can be contacted by the Council or the Police.

I/we agree to ensure that there are sufficient marshals to adequately cover the Road Closure Order and all marshals for the event are adequately trained for their duties to the reasonable satisfaction of the Council and the Police.

I/we understand that if I/we fail to comply with the above requirements I/we may be liable to Court action and that any such failure will be taken into account by the Council in considering future applications for Road Closure Orders by me/us.

Signed _____ .Date _____.

Please return to:
Enforcement (Road Closures)
Mendip District Council
Cannards Grave Road
Shepton Mallet
Somerset
BA4 5BT