**­ Please refer to the guidance notes when completing this application form**

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| **Tick the appropriate box below for your event:**  *Please refer to* [*Apply to close a road for an event | Suffolk County Council*](https://www.suffolk.gov.uk/roads-and-transport/roadworks/apply-to-close-a-road-for-an-event/) *for the definitions for the different event types listed.* |
| Civic Event  Act of Remembrance Parade  Event organised by a Registered Charity  Other |

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| **1** | How many people do you anticipate will attend the event?  *(please specify 0-99, 100-499, 500-4999 or 5000+)* |  |
| **2** | Proposed “Event Impact Score”? |  |
| **3** | Have all residents, businesses, parish and town councils, emergency services, waste collections affected been notified of this event and its associated impact? |  |
| **4** | Have you received any objections? |  |
| **5** | Is a public transport service/route affected?  *(\*service providers must be consulted, and replies attached to this application)* |  |
| **6** | Why do you need to hold this event on the public highway? |  |
| **7** | Who is carrying out your Traffic Management?  *(Please provide a copy of their accreditation)* |  |
| **8** | Expiry date of Public Liability Insurance for the event? *(Please provide a copy of your certificate)* |  |

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| **Name of event** |  |
| **Description of event** |  |
| **Parish/Town** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Start date:** |  | **Restriction start time** |  | **End date** |  | **Restriction end time** |  |
| **Description of event** |  | | | | | | |
| **Parish/Town** |  | | | | | | |

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| --- | --- | --- |
| **Road name/Number** | **Type of restriction** | **From where to where?** |
| *Example High Street* | *Closure,parking restriction,mobile closure….etc* | *Jnc Back St to outside Queens Head PH* |
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| **Please list the roads and parishes that diverted traffic will take to navigate around your closed road(s)** |
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| **Additional Information:** | |
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| **ADDITIONAL IMPORTANT INFORMATION – Please tick each item and sign below** | |
| Unless agreed otherwise during closures access must be allowed to Emergency Services, Utility Services, pedestrians, cyclists and residents at **all** times. During waiting restrictions exemptions will apply to the following: Persons boarding or alighting a vehicle, goods to be loaded or unloaded, disabled person’s vehicles, vehicles to be used for emergency reasons including utility services, removal of highway obstructions or defects. |  |
| A clear plan showing the closure and proposed diversion route with road names must be attached to this application. Your plan must match the road name details and diversion you have specified on this application. **Your application may not be processed without a plan** |  |

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| **By signing below, you agree:** | | | | |
| For Suffolk County Council to share the details enclosed herewith to all third parties who may be required to assist in processing this application. | | | |  |
| To indemnify the Council from and against all legal liability in respect of loss, damage, actions, proceedings, suits, claims, demands, costs, damages, liability and expenses in respect of any injury to or death of any person or destruction of or damage to any property (whether movable or immovable) by reason of or arising in any way directly or indirectly from the holding of the event. The Council strongly recommends you have public liability insurance. | | | |  |
| **Applicant Details** | | | | |
| **Name:** |  | | | |
| **Address:** |  | | | |
|  |  | | | |
| **Phone No(s):** |  |  | | |
| **Email:** |  | | | |
| **Organisation:** |  | | | |
| **Signature (please print name if form completed electronically):** |  | **Date:** |  | |