



APPLICATION FOR TEMPORARY ROAD CLOSURE

Event

Pursuant to the Transport (Vehicular Traffic Road Closure) Regulations 1965 or the 10th Schedule of the Local Government Act 1974

To: Planning Department
Masterton District Council
P O Box 444
Masterton 5840

I/We _____

(Full name and address of applicant/s)

of _____

request the Masterton District Council to consider the temporary closure of part/parts/the whole (delete as required) of a local legal road/street in the Masterton District, as described below:

Event: _____

Applicant: _____

Contact Details: _____

Roads to be closed: _____

Date & Time of Closure: _____

Traffic Management Company: _____

I/We agree to do the following:

1. Submit this form **at least 55 days** of the date of the event requiring road closure in order to allow for the first advertisement to be published 42 days prior to event.
2. Submit to Council **before the objection date** that all affected parties have been consulted with concerning the road closure and supply to the Council dates and properties covered by this consultation.
3. Supply a Traffic Management Plan (TMP) for the event which will need to be submitted to Council for approval.
4. Pay all advertising costs related to Public Notification of Road Closures (MDC will arrange the advertising with the invoice being sent directly to the applicant).

Please note that it is standard practice for two advertisements to be placed in Wairarapa Times Age. The first provides the legally required 42 days' notice and provision for objections up to 28 days prior to the event; the second advertisement is placed on either Thursday or Saturday immediately preceding the event to remind people of the closure.

Radio advertisement for significantly large events is recommended.

5. Provide evidence of public liability insurance to Council, (if applicable).

Signature: _____

(To be signed by the applicant or the person authorised to sign on behalf of the applicant)

Date: _____

Contact details of Applicant:

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____ Fax: _____

Note: This application does not constitute any form of commitment from the Council to proceed with or approve the Temporary Road Closure Application.

FOR OFFICE USE ONLY

Application Received:

Date Received:/...../.....

Advert - Objections:/...../.....

Hearing (if required):/...../.....

Advert - Final:/...../.....

Invoice sent/...../.....