

**APPLICATION FOR APPROVAL OF TEMPORARY
TRAFFIC MANGEMENT**

Licence No:



Form TMA 1 Works Require Portable Traffic Signals

2 stage 3 stage 4 stage Please tick

1 **Undertaker / Licence Holder:**
NRSWA Reference: Tel No. (incl. STD):
Applicant's Name: Fax No. (incl. STD):

2 **24 hour EMERGENCY CONTACT:** Tel No. (incl. STD):

3 **Utility Contractor:** (if different from the Undertaker / Licence Holder)
Name: Fax No. (incl. STD):

4 **Works Description:** Planned Works Emergency Works

5 **Works Location:** Town or Village:
Street or Intersection Name:
Location description (e.g. outside house number 53, centre lane):

OS Grid Ref. (if known): E: N:

6 **Proposed Start Date:** **Proposed Finish Date:** / /
Weekday: Start time: Finish time: 24 hour use
Saturday: Start time: Finish time: 24 hour use
Sunday/BH: Start time: Finish time: 24 hour use

Where 24 hour use is requested, provide justification on a separate piece of paper on TMP.

Traffic Management: Tick the check boxes (below) where the statement applies

- 7a The work site is on a traffic sensitive road or is likely to cause significant traffic disruption.
- 7b There is a road junction or major access within the site that will **NOT** be controlled by these portable signals.
- 7c There are existing permanent traffic signals within the site or within 500m of the site boundaries.
- 7d The works will progress along the site in phases.

If you ticked any of the boxes in Q7 you must submit a **1:500 Traffic Management Plan**, & an on-site traffic meeting may be required (please contact the relevent NRSWA Inspector to discuss your proposed works).

DECLARATION by an Authorised Signatory for the Applicant

I declare that the information given on this form and the attached Traffic Management Plan (if required) is true and correct and I agree to comply with the conditions detailed in the application pack.

Name: Signature:
TMP Ref. (if required): Date:

AUTHORISATION by Buckinghamshire County Council

Authorisation is hereby granted for the applicant to use the traffic management measures described in this form at the times and locations specified, provided that the following special conditions are met:

Name: Signature:
Area: Date: