# Appendix C: TSO Application Form

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## Street Party – Temporary Road Closure (TSO) Application Form

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| **1. Applicant Details** |
| Name of person (and organisation if applicable): |       |
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| Contact address: |       |
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| Postcode: |       |
| Telephone number (daytime) |       |
| Telephone number (evening) |       |
| Email: |       |
| **2. Event Details** |
| We classify Street Parties as either Traditional Street Parties or Enhanced Street Parties. A **Traditional Street Party** is one which requires a road closure and no other licence. This means there is to be no alcohol sold and no regulated entertainment at the event. An **Enhanced Street Party** is one which requires a road closure and a Temporary Event Notice (TEN), as there may be some on site alcohol sales via a pop up bar and some other regulated entertainment at the event. |
| Please indicate which category your event falls into and give a full description of the event including the type of entertainment and estimate of the number of people expected to attend: |       |
| Do you intend to place any stall / marquee / tent / stage / other structure(s) on the street(s) to be closed? If YES please provide details:Note: A route for emergency vehicles must be provided at all times. |       |
| Will your event involve the sale of alcohol (either through the use of a temporary bar or inconjunction with a local pub), or the preparation or sale of food? If YES please give briefdetails: |       |
| Will you be promoting your event beyond the roads to be closed? If YES please give details: |       |

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| **3. Road Closure Details** |
| Name of road(s) to be closed: |       |
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| Length of road to be closed (use house no’s or street lighting reference no’s as reference points): | From: |       |
| To: |       |
| Date of Closure: |       |
| Time of Closure: |       |
| Please supply a plan showing the exact extent of the closure. |
| **4. Barriers / Diversion Signs** |
| It is the responsibility of the event organiser to provide and erect all appropriate signs and barriers necessary to effect the closure. This may include signs such as ‘Road Closed’ and barriers at each point of closure, and any appropriate diversion signs for the alternative route, details of which will be supplied on the Legal Order. Please don’t hesitate to contact us if you would like clarification of signing requirements. |
| To ensure the closure is effective, what arrangements will you make for the erection and supervision of road closure/diversion signs, and barriers if appropriate? |       |
| **5. Notification to affected properties** |
| It is a requirement that all affected properties be consulted. Appendix A contains a useful template consultation letter and Appendix B contains an example petition to show support for the closure. A copy of the consultation material you have sent must be included with this form. Please provide a list of the properties to whom you have consulted. This means any property (residential or commercial), which is located on or accessed only by the road(s) you wish to close – e.g. High Street numbers 1-99 and numbers 2-98 |
| Please confirm the date your consultation letter was sent: |       |
| Are there any unresolved objections to your proposal?If YES, please provide details or forward on to us any details regarding objections: |       |
| Please contact us on the number below if you need assistance in resolving a concern or objection. |

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| **6. Please return your completed form to:** |
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| Network Management. |
| Nottingham City Council |
| Development and Growth |
| Traffic and Transport |
| Traffic & Safety |
| 4th Floor, Loxley House,  |
| Station Street, Nottingham,  |
| NG2 3NGor by email to highway.management@nottinghamcity.gov.uk  |
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| If your application is successful you will be sent the Road Closure Notices approximately 1 week before the date of your event. |
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I confirm that all the information I provide as part of this application is true and complete and that I am at least 18 years of age. I agree that Nottingham City Council may distribute to third parties and use publicly any of the information provided as part of this application for the purposes of the authority’s statutory duties regarding co-ordination of activities on the highway network. I have read the conditions below and agree to accept and observe them if my application is successful.

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| Signed: |  |
| Date: |  |