Construction Works

Temporary Road Closure

Application Form

Version: 1.0
Date: July 2024

Applications must be submitted to CAR@timdc.govt.nz



PRIMARY CONTRACTOR DETAILS			
Name			
Name:			
Company:			
Email:			
TRAFFIC MANAGEMENT CONTRACT	FOR DETAILS		
Name:			
Company:			
Phone Number:			
ROAD CLOSURE DETAILS			
Road or section of road to be closed (please	e include 'from, and to' inclu	uding the length of the road closure):	
	-	for continuous closures or 8:00 am to 6:00 pm betwee	n
11/07/2024 and 13/07/24 for a duration ba	asis closure)		
Reason for road closure:			
SUPPORTING DOCUMENTS REQUIR	ED TO SUPPORT THIS A	APPLICATION	
☐ Notification to affected residents an	d map of	☐ Approval required from NZTA for affected SH	
distribution area.	•	Networks (also including any detour route(s)	
☐ Road closure notification sign diagra		☐ Approval from WTOC for any signals	
☐ Approval from MyWay for any affec	ted Bus Route(s)		
CONDITIONS			
		t what time a road closure may take place. Safety of both	
the contractor and the public is the primary	y concern, as well as to over	all impact to the network.	
Contractors' Responsibilities: The contract	or must apply for the Road (Closure no less than 5 working days before the installation	
		I prewarning signs 7 days in advance of the Road Closure	
		e to supply the necessary information as above will result	
in the application being declined.			
DCA LICE ONLY			
RCA USE ONLY			
Approved By:			
Name:	Signature:	Date:	