

TEMPORARY TRAFFIC SIGNALS APPLICATION FORM

**F.A.O. INCOME MANAGER, AMEY HEREFORDSHIRE, UNIT 3 THORN BUSINESS PARK,
ROTHERWAS, HEREFORD HR2 6JT
TELEPHONE 01432 261800 FAX 01432 263774**

APPLICATION –

by: - _____ Full Name and Address of Firm/Company
to be inserted in the box.

NOTE – application for permission must be submitted AT LEAST 5 CLEAR WORKING DAYS (MON TO FRI)

Intended commencement date: - _____ Anticipated date for removal of signals _____

Route No. and location: _____ **Plan or sketch must be attached**

Nature of Work: _____

Name and telephone No. of Board/Authority for whom work is to be undertaken

For Emergency Works, brief explanation as to nature of emergency:

PLEASE COMPLETE

*24 HOUR USE

* 9.30 am TIL 3.30 pm

The Signals will be operated by:

* MAINS SUPPLY/ BATTERY/ GENERATOR

*Circle which applies

*STOP/GO BOARDS

*TWO-WAY TRAFFIC LIGHTS

*THREE-WAY TRAFFIC LIGHTS

*Circle which applies

Traffic Signals Owner: _____
Telephone No. _____

Name of person responsible for
maintenance during working hours

Name of person responsible for
maintenance after working hours

Telephone No. _____

Telephone No. _____

The portable traffic signals will be of a type which is currently approved by the D. O. E. and must be used in the VEHICLE ACTUATION mode at all times unless permission is obtained from the Highways Authority. The provision, operation and maintenance of all signs, guards and fencing for the safety and protection of the public will be in accordance with the Traffic Signs Manual, Chapter 8.

Name of Applicant (block capitals) _____
Tel. No. _____ Signed _____ Date _____