



BEDFORD BOROUGH COUNCIL

APPLICATION FORM

**TEMPORARY TRAFFIC REGULATION ORDER (TTRO)
OR
TEMPORARY TRAFFIC REGULATION NOTICE (TTRN)
SECTION 14 OF THE TRAFFIC REGULATIONS ACT 1984**

**YOU MUST ALLOW A MINIMUM OF 12 WEEKS FOR A TTRO TO BE
PROCESSED.**

IT IS MANDATORY TO

CONTACT THE COUNCIL'S TRANSPORT TEAM TO ADVISE OF YOUR PROPOSALS

BUSINFO@BEDFORD.GOV.UK

AGREEMENT WITH THE TRANSPORT TEAM MUST BE SENT WITH THIS APPLICATION

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM TO

ROAD.CLOSURES@BEDFORD.GOV.UK

INCLUDING A CAD DRAWING OF THE CLOSURE EXTENT AND THE PROPOSED DIVERSION ROUTE

CHARGES 2026

TEMPORARY TRAFFIC REGULATION ORDER (TTRO)	£1744.35
SPEED REDUCTION	£1744.35
EMERGENCY TEMPORARY TRAFFIC REGULATION NOTICE (TTRN)	£960.15
EVENT (SUBJECT TO COUNCIL DECISION)	FREE

**BEDFORD BOROUGH COUNCIL
APPLICATION FOR A TEMPORARY TRAFFIC REGULATION ORDER**

COMPANY NAME	INVOICE ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)
APPLICANT'S NAME	
ADDRESS, POSTCODE YOUR CONTACT TEL NO EMAIL:	
24HR EMERGENCY CONTACT NO. (FOR PUBLIC USE)	
PERMIT NO.	ORDER NO.

NB an application form must be submitted for each road to be closed

ROAD NAME (USRN)			
TOWN			
POSTCODE			
PLEASE TICK <input checked="" type="checkbox"/> ALL RELEVANT OPTIONS THAT APPLY: OR N/A			
ROAD CLOSURE		FOOTWAY CLOSURE	
OTHER CLOSURE ie cycle way, footpath please state			
SPEED REDUCTION	From	MPH	To MPH

START LOCATION OF SPEED REDUCTION		END LOCATION OF SPEED REDUCTION					
WORKS DESCRIPTION							
LOCATION DETAILS							
PROPOSED DATES OF WORKING				START DATE		END DATE	
HOURS OF WORKING (24 HOUR)				START TIME		END TIME	
WILL THE CLOSURE BE IN PLACE FOR 24 HOURS				YES		NO	
WILL THE CLOSURE BE IN PLACE WEEKENDS				YES		NO	
STATE TIMES IF YES				SATURDAY		SUNDAY	
WILL THE CLOSURE APPLY TO PEDESTRIANS OR EQUESTRIANS?				YES		NO	
PLEASE PROVIDE DETAILS							
WILL ACCESS BE MAINTAINED FOR EMERGENCY VEHICLES?				YES		NO	
PLEASE PROVIDE DETAILS							
ADDITIONAL T/M REQUIREMENTS IN CONJUNCTION WITH THE CLOSURE							
NONE		GIVE & TAKE		2 WAY PTS		MULTI PTS	
OTHER							

DOES YOUR PROPOSED DIVERSION HAVE ANY OF THE FOLLOWING?

LOW BRIDGES		WIDTH RESTRICTION		WEIGHT LIMIT	
RIGHT TURN RESTRICTION		LEFT TURN RESTRICTION		SECTION 58	
FORDS		TUNNELS		FORWARD PLANNING ROAD WORKS	
PRIORITY ROUTE		LEVEL CROSSINGS			

IT IS MANDATOR TO CONTACT THE TRANSPORT DEPARTMENT TO ADVISE OF YOUR PROPOSED WORKS ON A BUS ROUTE AND AGREE TIMES OF WORKING

NOTE: THERE WILL BE A CHARGE PAYABLE FOR SUSPENDING BUS STOPS WITHIN THE EXTENT OF THE ROAD CLOSURE. THE COUNCIL'S TRANSPORT TEAM WILL DISCUSS THIS CHARGE WITH YOU BEFORE THE APPLICATION IS APPROVED.

A COPY OF THEIR RESPONSE	YES	NO
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PLEASE PROVIDE DETAILS

CONDITIONS:

1. ACCESS MUST BE MAINTAINED FOR EMERGENCY SERVICE VEHICLES THROUGH ANY CLOSURE AT ALL TIMES UNLESS OTHERWISE AGREED AT THE TIME OF THE APPLICATION.
2. ACCESS TO PROPERTIES AND PREMISES MUST BE MAINTAINED AT ALL TIMES UNLESS OTHERWISE AGREED AT THE TIME OF THE APPLICATION.
3. ACCESS MUST BE MAINTAINED FOR PUBLIC AND SCHOOL TRANSPORT VEHICLES.
4. A CLEAR PLAN SHOWING THE EXTENT OF THE PROPOSED CLOSURE AND ANY PROPOSED DIVERSION (IF APPLICABLE) MUST BE ATTACHED TO ANY APPLICATION.
5. A TRAFFIC MANAGEMENT PLAN SHOWING ALL PROPOSED SIGNING MUST ALSO BE ATTACHED TO ANY APPLICATION AND MUST COMPLY WITH THE 'TRAFFIC SIGNS MANUAL – CHAPTER 8'.
6. A TTRO OR TTRN WILL ONLY BE GRANTED WHERE A SUITABLE ALTERNATIVE ROUTE OR ALTERNATIVE ARRANGEMENTS ARE AVAILABLE.
7. SIGNS WITH AN X-HEIGHT OF 62.5MM BEARING THE WORDS
 "THIS ROAD WILL BE CLOSED FROMTO INCLUDING THE TIMES OF THE CLOSURE" AND A CONTACT TELEPHONE NUMBER MUST BE PLACED AT ALL APPROACHES TO THE SITE AT LEAST 14 DAYS PRIOR TO THE PROPOSED CLOSURE. THE SIGNS MUST BE LEFT ON SITE FOR THE DURATION OF THE WORKS AND REMOVED IMMEDIATELY THE WORKS ARE COMPLETED.

AN INVOICE WILL BE SENT UPON AGREEMENT OF TTRO OR TTRN

DECLARATION:

ALL THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND I HAVE CHECKED ALL THE NAMES OF STREETS AND PARISHES AGAINST AN OFFICIAL MAP OF THE AREA.

IT IS THE APPLICANT'S RESPONSIBILITY TO INFORM AFFECTED RESIDENTS, LOCAL BUSINESSES AND AMENITIES AT LEAST 14 DAYS PRIOR TO THE PROHIBITION OR RESTRICTION START DATE.

I CONFIRM THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE NOTES ON THE FRONT OF THIS FORM AND THE 'CONDITIONS' LISTED ABOVE

APPLICANT'S SIGNATURE:

DATE:

PRINT NAME

COMPANY

POSITION: