TEMPORARY ROAD TRAFFIC REGULATION ORDER
APPLICATION FORM
All sections must be completed in full

1.	APPLICANT'S DETAILS	
	Applicant Name:	Andy Davies
	Organisation:	Comex2000
	Address:	Unit 5, Trident Drive, Wednesbury WS10 7XB
	Telephone Number:	07375451239
	Email Address:	andrewdavies@comex2000uk.com
	Purchase Order No:	1817879
	Project Code / Permit Number:	NK101NBMRFI-1817879
	Invoice Name and Address: Your application will be returned if this has not been completed.	Comex 2000, Unit 5, trident Drive, Wednesbury WS10 7XB
2.	**ACTIVITY / WORKS DETAILS**	
	Reason for Restriction: **What works are being undertaken?**	Works to facilitate safe working to fit a new 2m tee in the carriageway to provide a new customer connection
	NRSWA Permit Submitted? **NRSWA Permit Number:**	☒Yes ☐No NK101NBMRFI-1817879
	Emergency / Planned Works?	☐Emergency ☒Planned
3.	**LOCATION DETAILS**	
	Road Name & Number	Brook Lane
	USRN	37700242
	Town or Village	Endon
	Section to be restricted: (I.e. – from junction with…to the junction with. Or grid references)	From 36m south west of the junction of Brookside drive to 80m southwest of the junction of Brookside drive, Endon, Stoke-on-Trent
4.	**PROPOSED RESTRICTIONS**	
	Type of Proposed restriction: (Please tick all that apply)	☒Road Closure ☐Footway Closure ☐Speed Limit Order ☐One-way Order ☐Weight Restriction ☐Suspension of Existing Order (See 4.b)

		☐Left Hand Turn Only ☐Right Hand Turn Only ☐Cycle Lane Closure ☐Other (See 4.b)
4b.	**Other / Suspension of Existing Order Details**	
	CAD Plan Attached?	☒Yes ☐No

5.	**CURRENT RESTRICTIONS**	
	Existing Restrictions: **(Please tick all that apply)** **Including on the proposed diversion route**	**Speed Limit** ☐20 Mph ☒30 Mph ☐40 Mph ☐50 Mph ☐National Speed Limit **Restrictions** ☐One Way Traffic ☐Height Restriction ☐Weight Restriction (over 7.5T) ☐Priority Traffic ☐Other (Please Specify Below)
	Other:	
6.	**PROPOSED DIVERSION ROUTE** **Must be completed in full – "See CAD" is not sufficient.**	
	Suggested Diversion Route: Please include Road Names and Numbers and confirm whether 'vice versa' for both directions of traffic) **Please Note** Application will not be processed without completion in full. Do you have neighbouring Authority permission (If necessary)	**Diversion is Via southwest on Church Lane, then northeast onto eek Road and then Northwest onto The Village, then southwest on Brook lane, then vice versa**
7.	**DATES RESTRICTION REQUIRED (DD/MM/YY – HH/MM)**	
	What date and time will the restriction be implemented?	**03/09/2026 09:00**
	What date and time will the restriction be removed?	**03/09/2026 15:30**
	Is the restriction 24hrs a day?	☐Yes ☒No
8.	**ALLOWABLE ACCESS**	
	What access will be made available during working hours? **(Please tick all that apply)**	☒Frontages ☐None ☒Emergency Services ☒Pedestrians ☒Cyclists
	What access will be made available out of working hours? **(Please tick all that apply)**	☐Frontages ☐None ☒All ☐Emergency Services ☐Pedestrians ☐Cyclists
9.	**SITE CONTACT DETAILS**	
	Working Hours	
	Site Supervisor Name:	Andy Davies
	Site Supervisor Contact Number:	07375451239
	Out of Working Hours	**Out of Worki**
	Out of Hours Contact Name:	Sunbelt Rentals
	Out of Hours Contact Number:	01543360177
10.	**ADDITIONAL COMMENTS BOX**	
	Include any further information that may assist us in processing your application.	
11.	**DECLARATION THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE**	
	Applicants Signature:	ADAVIES

	Date of Application:	03/06/2026

Please return your completed application form to:
trafficandnetwork@staffordshire.gov.uk

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TEMPORARY ROAD TRAFFIC REGULATION ORDERS
GUIDANCE NOTES FOR COMPLETING APPLICATION FORMS

APPLICATIONS MUST BE COMPLETED FULLY OR RISK BEING DELAYED

THE STATUTORY PROCESS REQUIRES TWELVE CLEAR WORKING WEEKS DOES NOT BEGIN UNTIL PAPERWORK HAS BEEN RECEIVED AND AGREED AS ACCEPTABLE

TWELVE CLEAR WORKING WEEKS are required in order to consult with the appropriate organisations, including County Councils, Clerks Department, emergency services, bus companies, District and Parish Councils, Local County Councillor. Arrangements are made for Notices to be published in the local newspaper.

Please complete all information fully to the best of your knowledge and return with signage plan and an A4 plan indicating the extent of the restriction and also indicating the suggested diversion route. OS plans must include copyright details.

Please send your completed application, A4 plan & signage plan to:

E-mail trafficandnetwork@staffordshire.gov.uk

Please also note that once your activity/work is completed, you are required to confirm the actual period that the restriction was in place. This request will be issued to you when we notify you that the application has been approved.

1.	**APPLICANTS DETAILS**
	Ensure that all information is supplied and include your invoicing address if different. This contact information will be used should we have any queries in processing your application, therefore, please ensure that the information is specific enough so that we can contact you without delay. **Please note: Applications will not be processed without a purchase order number, project code (or your job number) and an invoice address. You will be notified of costs before the invoice is raised.**
2.	**ACTIVITY / WORKS DETAILS**
	Detail the nature of the works or activity. Examples of these are: Water Mains Renewal / Carriageway Resurfacing / Water Main Burst / Gas Leak on Main If you have already submitted your permit please tick Yes and provide your permit number

	If these works are of an immediate nature, please tick the emergency box, if they are planned works, please tick the planned box
3.	**LOCATION DETAILS**
	Location details must describe the extent of the restriction, what road will be affected and the name of the settlement or nearest settlement. Use focal points to describe the extent as shown in the following example: Alliance Street (U3040) Stafford Between its junctions with Stone Road (A34) and Eccleshall Road (A5013) If these are not easily identifiable then a measurement from the nearest focal point for example: Between its junction with Stone Road (A34) for approximately 100 metres in a westerly direction.
4.	**PROPOSED RESTRICTION**
	Please confirm the type of restriction required: Temporary Road Closure, Emergency Road Closure, Temporary Footway Closure, Emergency Footway Closure, Speed Limit Order, One-Way Order, Weight Restriction, Suspension of Existing Order (specify which), Right Hand Turn Only, Left Hand Turn Only, Cycle Lane Closure, etc.
5.	**CURRENT RESTRICTION**
	Please detail any existing restrictions in place for example: One-Way Order, Weight Restriction, Existing Speed Limit, etc.
6.	**SUGGESTED ALTERNATIVE ROUTE**
	Detail the alternative route that are suggesting for the Order including all road names, numbers and settlements, for example: Stone Road (A34), Stafford Eccleshall Road (A5013), Stafford Please also confirm whether the diversion route is for both directions by including 'vice versa' where appropriate. If this is not the case, confirm the diversion route for each direction. **"See CAD" is not acceptable, and your application will be returned.**
7.	**DATES RESTRICTION REQUIRED**
	Anticipated start and finish dates must be included. If there are a number of dates and times, please include a schedule.
8.	**ALLOWABLE ACCESS**
	Please confirm whether access will be available through the restriction and who for. For example, is access available through the restriction for frontages and emergency services? If so, is it available to both or just the Police, Ambulance and Fire Service. If not available and limited access is offered only, please detail which side of the restriction is available if not both.
9.	**WORKS / ACTIVITY MANAGEMENT INFORMATION**
	Contact information for the activity must be provided, including for queries out of hours, during the period of the restriction.
10.	**ADDITIONAL INFORMATION**

	Please feel free to include any further information or comments that may assist us in processing your application.