**APPLICATION FORM FOR PUBLIC RIGHTS OF WAY CLOSURES**

Application must be received **at least 6 WEEKS** ahead of your planned start date.

Application must be supported with an appropriate plan highlighting the extent of the public right of way to be closed in red with the proposed alternative route highlighted in green. All public rights of way and roads should be clearly named on the plan with a north indicator.

The public right of way must be reopened on its original line once the works are completed.

**Your application will NOT be processed unless a valid Purchase order number is provided.**

YOU WILL BE INVOICED FOR APPLICATION DO NOT SEND CHEQUE IN

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| **Part One: Applicant details** | | |
| Applicant Name: | |  |
| Applicant Address: | |  |
| Telephone: | |  |
| E-mail: | |  |
| Purchase order number: | |  |
| Invoicee Name & Address (if different to applicant): | |  |
| Invoicee Telephone: | |  |
| Invoicee E-mail | |  |
| **Part Two: Order Details** | | |
| Type of Public Right of Way to be closed (Footpath, Bridleway, Byway): | | |
| Public Right of Way number: |  | |
| Town/ Parish: | | District/Borough/City: |
| Description of extent of physical closure (Include start and end points, direction and distance in metres e.g. Footpath 1, from a point 20m north of its junction with Footpath 2, north for a distance of 25m) :- | | |
| Works required: | |  |
| Proposed Start Date: | |  |
| Proposed Finish Date: | |  |
| Will closure be for 24 hours a day or specific times?  If specific times: | | From:  Until: |
| Will the public right of way be open outside the working times? | | |
| List the Roads/Public rights of way to be used as the Alternative route: | | |
| Emergency Closure to Ensure Public Safety: | | |

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| **Part Three: Extension (Manditory if works are due to last longer than 6 months from original operational date)** | |
| Date original order came in to force: |  |
| Reason for required extension: |  |
| Duration of extension required: |  |
| Are there any known complaints/representations regarding this closure?  If so, please outline their nature/content and actions taken: |  |

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| **Part Four: Declaration** | |
| **I understand that Essex County Council will invoice me for processing the above Application and I agree to pay the sum of:**  **£140 for a Closure by Notice/ £1,119.66 for a Closure by Order / £500 for extension**  **Payment will be required even if the works are cancelled and the closure does not take place.**  **I understand that it is my responsibility as the applicant to ensure copies of the “ has made notice” are placed in a prominent position at each end of the length of public right of way to which the order relates and at the points at which it will be necessary for vehicles or pedestrians to diverge from the public right of way.** | |
| **Name (please print)** | **Signature** |
| **Telephone** | **Email** |
| **Position in company** | **Name of company** |
| **Date:** | |

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| **Part Five: ECC Office Use Only** | |
| Date Received: |  |
| Invoice Amount: |  |
| Cost Code/:Cheque/Order/Purchase No: |  |
| Replicon Code |  |
| By (Officer): |  |