**London Borough of Islington**

**Play Streets - Road Closure Application**

(Road Traffic Regulation Act 1984 Section 29)

**Important – please read carefully**

1. Please ensure you have read the ‘Play Streets Guide and Conditions’ **before** completing this application.
2. There are four deadlines per year for processing applications; these are **30 January, 31 March, 30 June and 31 August.**
3. Please make sure you provide all information requested on the form. - all must sign the application form in the appropriate places.
4. The Council recommends that Play Street organisers take out ‘public liability insurance’

1. **Applicant(s)’ details**

Name of applicant(s) or organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one applicant please provide names of additional applicants on supplementary page

2. **Road closure details *(Roads can only be closed during hours of daylight)***

Name of road(s) to be closed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of road(s) to be closed (if appropriate): Please use house numbers or junction to define the length of road to be closed.

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of event (e.g. first Sunday of month):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start and End time of event (max. 3 hours per session):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this event be reoccurring? (Please tick) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes how regular will this event occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Barriers / signs**

Islington Council will provide appropriate signage and provide temporary road closure signs and cones for residents to use on the day of the closures.

4. **Notification to affected properties**

It is a requirement that all affected properties must be consulted. You may wish to use the template letter and petition form on pages 4 and 5 for your consultation. A copy of your consultation letter will need to be submitted with your application.

Please list the properties to which you have sent a consultation letter and list the names and or addresses of supporters for the scheme. This means any property, residential or commercial, which is located on or accessed only by the road(s) you wish to close – e.g. High Street numbers 1-99 and numbers 2-98

Please confirm the date your consultation letter was sent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you confirm that you have strong support from properties in the affected street? (Provide evidence of this in the form of a list)

Has there been any objection to your proposal? (Please Tick) Yes\_\_\_\_\_ No\_\_\_\_\_

If so please provide details.

**Declaration**

I confirm that I am at least 18 years of age and have read the guidance notes and all the conditions therein and agree to accept and adhere to them if my application is successful. All the information I have provided is true and complete. I agree that Islington Council may distribute to third parties and use publicly any of the information provided within these forms.

Signed ………………………………………….

Date ………………………………………….

**Please return you completed form to:**

Traffic & Safety Team

1 Cottage Road

Islington

N7 8TP

**If your application is successful you will be sent the Road Closure Notices approximately 1 week before the date of your first proposed closure.**

If you have any queries please write to the above address or email road.safety@islington.gov.uk

|  |  |
| --- | --- |
| **Date received** | **Signature of approval** |
|  |  |

**For office use only**

**Data Protection**

*Any personal information you give us is held securely and will be used only for council purposes. Information that was collected for one purpose may be used for another council purpose, unless there are legal restrictions preventing this. Islington may share this information where necessary with other organisations, including (but not limited to) where it is appropriate to protect public funds and/or prevent fraud in line with the National Fraud Initiative guidelines.*

*Using your information in this way allows us to deliver more efficient services that can be tailored to your individual needs and preferences. All personal information is held in strict confidence. The use of data by the Audit Commission in a data matching exercise is carried out with statutory authority under its powers in Part 2A of the Audit Commission Act 1998*

**To: Resident** From:

Address:

My tel. no: ………………………………..

………………………………..

………………………………..

My e-mail: Date:

Dear Sir / Madam,

**Re: Play Street Closure Order**

I am writing to inform you that I am in the process of applying for a Traffic Management Order for a Play Street Closure event on the following road(s):

……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………..

This closure Order is subject to Council approval. The closures would only take place at the following periods / times:

……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………..

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The road will be fully closed to through traffic and points of closure will be marshalled. Residents and delivery vehicles will be allowed full access but are requested to drive at walking speed when within the closure area. It is not necessary to move parked vehicles from the street. Events will be under adult supervision and access will be maintained for emergency services at all times in all parts of the street.

**Please respond by …………………………………. You can direct any comments, queries or objections regarding this proposal to me in the first instance. If I cannot resolve your concern I will refer it to Islington Council.**

Many thanks in advance for your co-operation.

Yours faithfully

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| Date | Name | Sign for support | Address |
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**Street Closure support form**