**Brighton & Hove City Council**

**Road Closure Application for a Play Street**

**Before completing this application form, please read the Important Information included with this application.**

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| **1. Applicant details:** | | |
| Name of person organising play street: | | |
|  | | |
| Contact address (including post code): | | |
|  | | |
| Telephone number (daytime) |  | |
| Telephone number (evening) |  | |
| Email address |  | |
|  | | |
| **2. Road Closure**  Please provide details below: | | |
| **Name of Road to be closed**  (if only a section of the road is to be closed, please give further details - if needed, please use separate sheet) | |  |
| **Dates of Road Closures** | |  |
| **EXACT Times of Road Closure – Please note that the maximum duration for each closure is 3 hours**  (This must match the same times as on your petition) | |  |
| **Please indicate clearly the frequency of your Play Street closure and ensure all those affected by the road closure are aware of this too.** | | |
|  | | |
| **3. Barriers / Diversion Signs:**  What arrangements have you made for the erection and supervision of barriers, cones and diversion signs? The minimum requirement is Road Closed signs and suitable barriers at each point of closure.  Please provide a plan below indicating how you intend to close the road and explain what type of signs / barriers you intend using. | | |
|  | | |
|  | | |
| **4. Consultations: Residents & Businesses** | | |
| Once you have distributed a flyer/letter to all residents and businesses affected by the proposed road closure, please carry out your consultation gathering at least 66% of signatures using the Petition form provided and return with your completed application. | | |
|  | | |

Organiser’s Check List

In order for your road closure application to be fully assessed and processed in time for your event, please submit at least six weeks before the date of your event.

Please complete this checklist and include all listed documentation with your application form. If we do not receive all the information required, your application may not be accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirements for your application** | | | **Included - Yes/No or Your Comments** |
| Completed Road Closure application form with exact date and timings | | |  |
| Copy of your Flyer or Letter to residents/businesses | | |  |
| Consultation with Residents and Commercial Businesses - Signed Petition | | |  |
| **Declaration:** | | |
| **I confirm that all the information I have provided is true and complete. I am at least 18 years of age. I have read the ‘Important Information, including conditions’ and agree to accept and observe them if my application is successful. I agree to my contact details being shared with appropriate agencies in order for my road closure application form to be processed and for any enquiries about my event.** | | |
| **Name** |  | |
| **Signature** |  | |
| **Date** |  | |

Please return your completed application, including the above documents and completed check list to:

Street Licensing, Brighton and Hove City Council, G40, Hove Town Hall, Norton Road, Hove, Brighton, BN3 3BQ

Our office is open from 09:00 to 17:00 Monday to Friday. If you have any queries please email - highwayevents@brighton-hove.gov.uk or telephone 01273 291701.