

COMHAIRLE CATHRACH CHORCAÍ  
CORK CITY COUNCIL



Roads and Transportation Directorate – Roads Control Division

**FORM T2**

**7 DAY ADVANCE NOTIFICATION**

May 2006

ROOM 335, CITY HALL, CORK. Tel: 021-4924277 , Fax: 021- 4924024 **ALL SECTIONS MUST BE COMPLETED**

**Applicant:** \_\_\_\_\_ **Applicant Ref.** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Contact Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Work Location: FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**Drawing Reference No.** \_\_\_\_\_ (Please attach 1 copy of drawing(s))

**T1 Reference No.** TI / \_\_\_\_\_ / 0\_\_ **Conditions Valid Until :** \_\_\_\_\_ / 200\_\_ ( Part \_\_\_\_ of \_\_\_\_ )

**Purpose of Works:** \_\_\_\_\_

**Indicate if the following relate to this application:**

- Extension of time/reinstatement of previous work: Yes  No  **If Yes insert original Licence No.** \_\_\_\_\_
- Has a Safe System of Work Plan been prepared: Yes  No  **See Roadworks Notification.**
- Have all existing services been located on site: Yes  No  **See Roadworks Notification.**
- Is a Deposit Required (Roadworks Notification): Yes  No  **If Yes insert Receipt No.** \_\_\_\_\_
- Is a Temporary Street Closure required: Yes  No  **If Yes, also complete FORM R1 (28 Days Prior Notification)**
- Are Traffic Lanes Affected: Yes  No  **If Yes, how many? \_\_\_\_\_ (Inbound) \_\_\_\_\_ ( Outbound)**
- Are Pre-construction Photographs Attached : Yes  No  **See Roadworks Notification.**
- Are Footpaths Affected: Yes  No  **If Yes Drawing must indicate extent, layout, signage, guardrails etc. of temporary footpath around works.**
- Are recently surfaced roadways affected: Yes  No  **If Yes, also complete FORM T2A**
- Are recently resurfaced footpaths affected: Yes  No  **NOTE: Recently Resurfaced implies within past 5 years**

**Planned duration of works:** \_\_\_\_\_ days **Proposed Dates:** From \_\_\_\_\_ To: \_\_\_\_\_

**LICENCE ISSUED FOR MAX. DURATION OF 14 DAYS** Hours: From \_\_\_\_\_ To: \_\_\_\_\_

**Evidence of Employer's and Public Liability Insurance attached , extended to indemnify Cork City Council , for limits of not less than €13 million and €6.5 million respectively in respect of legal liability for bodily injury or third party property damage claims arising in connection with the roadworks / activities , the subject of this application , until completion of the maintenance period to the satisfaction of Cork City** Yes  No

*If the works are to be carried out by a contractor, complete the following:-*

**Name of Contractor:** \_\_\_\_\_

**Address of Contractor:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_ **Mobile Tel. No:** \_\_\_\_\_

**I shall be solely liable for and shall indemnify Cork City Council from and against all claims in respect of injury or damage to persons or property that may be occasioned in connection with or arising out of the roadworks the subject of this application and/or the activities associated with or arising thereout and against road-opening or all actions or proceedings that may at any time be brought against Cork City Council in consequence of such injury or damage and against all costs expenses and liability connected therewith.**

**Designated Contact Person/ Co-ordinator of Safety and Health on site:** \_\_\_\_\_

**Mobile Tel. No.** \_\_\_\_\_ **Tel No. Night** \_\_\_\_\_ **(BLOCK CAPITALS)**

**I have noted the Conditions set out in Roadworks Notification T1/ \_\_\_\_\_ /0\_\_ and I hereby accept same and hereby undertake and agree with Cork City Council to be bound by the said conditions.**

**Date :** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**NAME: (BLOCK CAPITALS)** \_\_\_\_\_

*For official use only*

<b>Application Ref. No:</b>	<b>Utility Reference No.</b>
<b>Roadworks Moratoria:</b>	<b>Road Impact Number:</b>