

COMHAIRLE CATHRACH CHORCAÍ
CORK CITY COUNCIL

Roads and Transportation Directorate – Roads Control Division



January 2006

FORM T2A REINSTATEMENT OF NEWLY RESURFACED ROADWAYS

ROOM 335, CITY HALL, CORK. Tel: 021-4924277, Fax: 021- 4924024

TO BE COMPLETED IN CONJUNCTION WITH FORM T2

ALL SECTIONS TO BE COMPLETED

Applicant: _____ **Applicant Ref.** _____

Address of Applicant: _____

Contact Telephone No: _____ **Fax No:** _____ **E-mail:** _____

Work Location: **FROM:** _____

TO: _____

T1 Reference No. T1/ _____ / 0__ Conditions Valid Until : _____ / 200__

PLANNED DURATION OF WORKS: _____ **days**

PROPOSED DATES: From _____ To: _____

DETAILS OF RESURFACING CONTRACTOR:

Name of Contractor: _____

Address of Contractor: _____

Telephone No: _____ Fax No: _____ Mobile Tel. No: _____

PLANNED DURATION OF RESURFACING WORKS ON SITE: _____ **days**

PROPOSED DATES: From _____ To: _____

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 on behalf of Resurfacing Contractor:** _____

NAME: (Block Capitals): _____

Date : _____ **Signed on behalf of Applicant:** _____

NAME: (Block Capitals): _____