

COMHAIRLE CATHRACH CHORCAÍ
CORK CITY COUNCIL



Roads and Transportation Directorate – Roads Control Division

FORM T5

REINSTATEMENT CLOSURE NOTIFICATION

August 2006

ROOM 335, CITY HALL, CORK Tel: 021-4924168 , Fax: 021- 4924024

Applicant: _____ **Applicant Ref.** _____

Address of Applicant: _____

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

If the works were carried out by a contractor, complete the following:-

Name of Contractor: _____

Address : _____

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

Does this notification relate to T1 : Yes No **T1 Ref. No: T1/** _____ / _____ **(Part** _____ **of** _____ **)**

Does this notification relate to T3: Yes No **T3 Ref. No: T3/** _____ / _____

Exact location of works: _____
(Please attach map with exact location of works endorsed.)

Reinstatement Closure Dimensions:

Carriageway / Footpath or Open Space	Length (metres)	Width (metres)	Date Completed	Material	<i>Official Use Only</i>

Individual Service Connection(s) Provided Yes No If Yes, how many? _____

Were Disc Parking Bays Affected: Yes No If Yes, how many? _____ Duration? _____ (days)

Were Traffic Loops Affected: Yes No If Yes, how many? _____

Was a Road Closure(s) Required: Yes No If Yes, how many? _____

On-Site Inspection Charges Yes No ___ Hrs. @ €_____ per hour. ___ Days @ € _____ per day.

Road Markings Affected:

Replacement of Parking Bay Markings	No.		Single/Double Yellow Line	Length (m)	
Letters and Numerals (1.6 metres high)	No.		Stop Line / Yield Line	Length (m)	
Letters and Numerals (2.8 metres high)	No.		Continuous White Line	Length (m)	
Arrows (Up to 6 metres in length)	No.		Broken White Line	Length (m)	

I certify that the above reinstatements have been completed in accordance with the “Directions for the Management and Control of Roadworks in Cork City” (Current Edition) and that the responsibility will remain with the applicant for a period of 24 months from the date of receipt of payment based on T3 application / from date of payment based on invoices generated from confirmed T5 information. In the event that existing services have been damaged or interfered with during the course of the works, I certify that the service provider has received written notification and all specified repair works and testing have been completed.

If any remedial works are required during the maintenance period they shall be carried out by the applicant to the requirements of Cork City Council. The maintenance period shall be extended for a period of 24 months from the date of the defects notice or remedial works, whichever being the later.

Designated Contact Person: _____ **Mobile Tel. No.** _____ **Tel No. Night** _____

Date : _____ **Signed:** _____

NAME: (Block Capitals) _____

Official Use only

T4 Reference No.:		Application Fee:	€
Invoice Number:		Long Term Damage Fee:	€
Receipt Number:		Miscellaneous Traffic Charges:	€
Utility Reference No.		TOTAL:	€