

COMHAIRLE CATHRACH CHORCAÍ
CORK CITY COUNCIL

Roads and Transportation Directorate – Asset Management/Roads
Maintenance Division, Room 338, City Hall, Cork.
Telephone 021- 4924072 Fax: 021- 4924024



FORM T5

REINSTATEMENT CLOSURE NOTIFICATION

August 2011

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 and Post Construction photographs showing exact location of works.)

Reinstatement Closure Dimensions:

Carriageway / Footpath or Open Space	Length (metres)	Width (metres)	Date Completed	Material

Official Use Only

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? _____

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 Roadwork’s in Cork City” (Current Edition) and that the responsibility will remain with the applicant for a period of 24 months from the date the T5 Notification is submitted to Cork City Council. 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.

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.

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

Date : _____ **Signed:** _____

NAME: (Block Capitals) _____

Note: Post Construction Photographs and Maps MUST be submitted with T5 Showing the exact location of the works.

Official Use only

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