

COMHAIRLE CATHRACH CHORCAÍ  
CORK CITY COUNCIL

Roads and Transportation Directorate – Roads Control Division



June 2005

**FORM T3A**

**REINSTATEMENT OF NEWLY RESURFACED ROADWAYS**

ROOM 335, CITY HALL, CORK. Tel: 021-4924072 , Fax: 021- 4924024

**TO BE COMPLETED IN CONJUNCTION WITH FORM T3**  
**ALL SECTIONS TO BE COMPLETED**

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

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

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

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

**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: \_\_\_\_\_

**Date :** \_\_\_\_\_ **Signed on behalf of Resurfacing Contractor:** \_\_\_\_\_

**NAME: (Block Capitals):** \_\_\_\_\_

**Date :** \_\_\_\_\_ **Signed on behalf of Applicant:** \_\_\_\_\_

**NAME: (Block Capitals):** \_\_\_\_\_