NOTTINGHAM CITY COUNCIL

APPLICATION FOR A GATING ORDER

SECTION 129A HIGHWAYS ACT 1980

Office use only
TM/ROW/GO [ ]

REVISED MARCH 2009

Safer, cleaner, ambitious Nottingham
A city we're all proud of

NOTTINGHAM CITY COUNCIL
APPLICATION FOR A GATING ORDER SECTION 129A HIGHWAYS ACT 1980

PLEASE READ THE GUIDANCE NOTES CAREFULLY BEFORE COMPLETING THIS FORM

All sections need to be completed. Failure to complete all sections may result in the application being delayed. Please use BLOCK capitals.

SECTION 1 - APPLICANT'S CONTACT DETAILS:

Full Name……

Address……

……..

Post Code……

Telephone……/ mobile…….

E-mail……

Capacity in which applicant is applying e.g. local resident*/representative of residents group*/local business*/other* (*please specify below):

*……

SECTION 2 - CONTACT DETAILS OF OTHER COUNCIL STAFF YOU HAVE CONTACTED REGARDING THIS APPLICATION:

Have you discussed this application with anyone from the City Council? If yes, please provide their names and contact details below

Name……

Address of work place……..

……

……..

Phone number……

Email address……..

SECTION 3 - CONTACT DETAILS OF POLICE OFFICER(S) YOU HAVE CONTACTED REGARDING THIS APPLICATION:

Have you discussed this application with a Police Officer? If yes, please provide their names and contact details below

Name……

Address of work place……..

……

……..

Phone number……

Email address……..

SECTION 4 - DESCRIPTION / LOCATION OF THE HIGHWAY:

It is important that you describe accurately the location of the highway that this application relates to. Please use the nearest house/property numbers, Ordnance Survey (OS) grid reference points (where known) or other physical landmarks such as parks, telephone kiosks or electricity sub stations etc. If in doubt please contact Traffic Management on 0115 9156078, who will be able to advise.

I am applying for a gating order for the

highway running from……..

to……..

Please attach a location plan to this Form with the relevant highway clearly marked. Please put your name on the plan along with your signature and date. The Traffic Management Office may be able to provide you with a plan for this purpose. Please contact Traffic Management on 0115 9156078, who will be able to advise.

SECTION 5 - EVIDENCE / OTHER RELEVANT INFORMATION IN SUPPORT OF THE APPLICATION:

Before you complete this section please read Page 5, Part 2, Section 5 of the Guidance Notes.

I have attached the Incident Log Sheets showing evidence / other relevant information covering a period of at least 12 months (I.e. at least 6 months before and at least 6 months after I received this Application Form) (Please tick) ☐

Please list below the evidence / other relevant information you are submitting:-

……

……

……

……

……

SECTION 6 - PERIODS THAT YOU BELIEVE THE HIGHWAY SHOULD BE GATED:

Please specify the hours during which you are applying for the highway to be gated:

Full time* / from am/pm*……..to……..……am/pm* (*delete as necessary)

I understand and agree that the information on this Application Form will be shared with other agencies, such as the Police and Crime Disorder Partnership, as part of the Application process.

Applicant's signature……

Date……..

PLEASE RETURN THIS FORM, THE PLAN AND SUPPORTING EVIDENCE / OTHER RELEVANT INFORMATION TO: - JOHN LEE, TRAFFIC MANAGEMENT, ENVIRONMENT AND REGENERATION, LAWRENCE HOUSE, TALBOT STREET, NOTTINGHAM NG1 5NT