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| **COMHAIRLE CATHRACH CHORCAÍ** CORK CITY COUNCILOperations Directorate – Roads Operations Division,Room 338, City Hall, Cork. T12 T997 Telephone 021- 492 4160 or 492 4189 |  |

**FORM T5** REINSTATEMENT CLOSURE NOTIFICATION July 2015

**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:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Carriageway / Footpath or Open Space** | **Length**  **(metres)** | **Width**  **(metres)** | **Date Completed** | **Material** |  | ***Official***  ***Use Only*** |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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 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.**

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| **Designated Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No. Night\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NAME: (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**We request that you read these as they contain important information about how we process personal data that is supplied to us.”**