

COMHAIRLE CATHRACH CHORCAÍ
CORK CITY COUNCIL

Roads and Transportation Directorate – Asset Management/Roads
Maintenance Division, Room 321, City Hall, Cork. T12 T997
Telephone: 021 – 492 4435 or 492 4660



FORM T2 **7 DAY ADVANCE NOTIFICATION** **ALL SECTIONS MUST BE COMPLETED**

Applicant: _____ Applicant Ref. _____

Address of Applicant: _____

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

Work Location: **FROM:** _____ **TO:** _____

Drawing Reference No. _____ (Please attach 1 copy of drawing(s))

T1 Reference No. TI / _____ / 1____ Conditions Valid Until : _____ / 201__ (Part ____ of ____)

Purpose of Works: _____

Indicate if the following relate to this application:

- Extension of time/reinstatement of previous work: Yes No **If Yes insert original Licence No.** _____
- Has a Safe System of Work Plan been prepared: Yes No **See Roadworks Notification.**
- Have all existing services been located on site: Yes No **See Roadworks Notification.**
- Is a Deposit Required (Roadworks Notification): Yes No **If Yes insert Receipt No.** _____
- Is a Temporary Street Closure required: Yes No **If Yes, also complete FORM R1 (28 Days Prior Notification)**
- Are Traffic Lanes Affected: Yes No **If Yes, how many? _____ (Inbound) _____ (Outbound)**
- Are Pre-construction Photographs Attached : Yes No **See Roadworks Notification.**
- Are Footpaths Affected: Yes No **If Yes Drawing must indicate extent, layout, signage, guardrails etc. of temporary footpath around works.**
- Are recently surfaced roadways affected: Yes No **If Yes, also complete FORM T2A**
- Are recently resurfaced footpaths affected: Yes No **NOTE: Recently Resurfaced implies within past 5 years**

Planned duration of works: _____ days Proposed Dates: From _____ To: _____

LICENCE ISSUED FOR MAX. DURATION OF 14 DAYS Hours: From _____ To: _____

Evidence of Employer's and Public Liability Insurance attached , extended to indemnify Cork City Council , for limits of not less than €13 million and €6.5 million respectively in respect of legal liability for bodily injury or third party property damage claims arising in connection with the roadworks / activities , the subject of this application , until completion of the maintenance period to the satisfaction of Cork City Yes No

If the works are to be carried out by a contractor, complete the following:-

Name of Contractor: _____

Address of Contractor: _____

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

I shall be solely liable for and shall indemnify Cork City Council from and against all claims in respect of injury or damage to persons or property that may be occasioned in connection with or arising out of the roadworks the subject of this application and/or the activities associated with or arising thereout and against road-opening or all actions or proceedings that may at any time be brought against Cork City Council in consequence of such injury or damage and against all costs expenses and liability connected therewith.

Designated Contact Person/ Co-ordinator of Safety and Health on site: _____

Mobile Tel. No. _____ Tel No. Night _____ **(BLOCK CAPITALS)**

I have noted the Conditions set out in Roadworks Notification T1/ _____ /1__ and I hereby accept same and hereby undertake and agree with Cork City Council to be bound by the said conditions.

Date : _____ **Signed:** _____

NAME: (BLOCK CAPITALS) _____

For official use only

Application Ref. No:		Utility Reference No.	
Roadworks Moratoria:		Road Impact Number:	