

COMHAIRLE CATHRACH CHORCAÍ
CORK CITY COUNCIL

Roads and Transportation Directorate – Transportation Division



FORM T2A

REINSTATEMENT OF NEWLY RESURFACED ROADWAYS

ROOM 321, CITY HALL, CORK. T12 T997 Tel: 021-4924435 or 492 4660

TO BE COMPLETED IN CONJUNCTION WITH FORM T2

ALL SECTIONS TO BE COMPLETED

Applicant: _____ **Applicant Ref.** _____

Address of Applicant: _____

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

Work Location: FROM: _____

TO: _____

T1 Reference No. T1 / _____ / 1____ **Conditions Valid Until :** _____ / 201__

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:** _____

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 on behalf of Resurfacing Contractor:** _____

NAME: (Block Capitals): _____

Date : _____ **Signed on behalf of Applicant:** _____

NAME: (Block Capitals): _____