COMHAIRLE CATHRACH CHORCAÍ CORK CITY COUNCIL

Roads and Transportation Directorate - Asset Management/Roads Maintenance Division, Room 321, City Hall, Cork. T12 T997

Receipt Number:

Telephone: 021 - 492 4435 or 492 4660

FORM T1	RM T1 ROADWORKS NOTIFICATION			ALL SECTIONS MUST BE COMPLETED		
Applicant:			Applicant Ref			
Address of Applicant:						
Contact Telephone No:	Fax No:		E-mail:			
Exact location of proposed works:						
Drawing Reference.	(Please attach 1 full copy of drawing(s) to this application)					
Work Description:						
Proposed duration of works:	Start Date:		End I	Date:		
Is total excavation greater than 5 square metres in area.			Yes 🗌 No 🗌			
Are recently surfaced roadways affected by the proposed works			Yes 🗌 No 🗌 *		Resurfaced" implies	
Are recently resurfaced footpaths affected by the proposed works			Yes 🗌 No 🗌	within the	e past 5 years	
Are Traffic Loops Affected:			Yes No	If Yes, how many?		
Are Disc Parking Bays Affected:			Yes No	If Yes, how many?		
Is a Bridge Crossing Required:			Yes No No	If Yes, how many?		
Are Trees affected or located adjacent to the proposed works:			Yes No	If Yes, how many?		
Have all underground services bee	n located on site:		Yes 🗌 No 🗌			
Evidence of Employer's and Pub	lic Liability Insurances attache	d, extended	l to indemnify Cork (City Council , for lin	<u>mits of not less than</u>	
€13 million and €6.5 million resp					· · · · · · · · · · · · · · · · · · ·	
connection with the roadworks /			intil completion of the	<u>e maintenance peri</u>	od to the satisfaction	
of Cork City Council	Yes	No 🗌				
Dimensions of Proposed Excavat	tion: <u>ROADWAY</u>		FOOTPATH	OPEN SPA	CE/ GREEN AREA	
Total Length of Excavation:		metres		metres	metres	
Maximum Width of Excavation:		_ metres			metres	
Duct Matrix (If Applicable) :	Total No	_ Width		Depth		
I shall be solely liable for and sha or property that may be occasion activities associated with or arisin against Cork City Council in con	ed in connection with or arising ng thereout and against road-op	g out of the pening or all	roadworks the subjec actions or proceedin	t of this application gs that may at any	and / or the time be brought	
Designated Contact Person:		_ Mobile Te	l. No	Tel No. Night	t	
Date : Signed: NAME: (Block Capitals)						
PERMISSION UNDER A T1 ADVANCE NOTIFICATION (F	APPLICATION DOES NOT	ENTITLE T	HE APPLICANT TO	O COMMENCE W	ORKS. A 7 DAY	
<u>For official use only</u>						
Application Ref. No:		Utility 1	Reference No.			
Application Fee Receipt Number:	€	Road Impact Number: Roadworks Moratoria:				

