

**Application to use Temporary Traffic
Signals on the Public Highway
Email, temporarytm@solihull.gov.uk**

Applicants Name Address Telephone Number Fax Number Emergency Contact Name & No.(24 hr) Which Utility? (if any). Proposed Date of Use.	From.....To.....
Traffic Management Company Address Telephone Number Fax Number Emergency Contact No. (24 hr)	
Exact Location of Use. Road No. (if any) U.S.R.N. Reference No.	Will the signals be at a junction: YES/NO (If yes see form TS2).
Approximate length & width of restriction.	
Will the signals be in use 24 hours?	
If not 24 hour, approximate hours of use.	

Any person completing this application form should be aware of the requirements of the following:

- The Road Traffic Regulation Act 1984.**
- Street Works Regulations 1995 (Accreditation Units 1 and 2).**
- Traffic signs Manual, Chapter 8 (1991), (as amended).**
- Department of Transport Departmental Standard TD 21/85 & TA 47/85.**
- The Traffic Signs Regulations and General Directions 2002.**

Signature of Applicant: _____ Date: _____

For office Use Only: Temporary Signal Approval : Yes / No Officers Name Signature..... Charge for none utility works: £100 shuttle, £196 multiway (2019/20) Income code : 01-220340-I20000-HW0004
