

**COMHAIRLE BAILE BHRE
BRAY TOWN COUNCIL
Roads Department – Roads Control Division**

**Being granted _____ or REFUSED CLOSURE
_____ reasons for refusal**

FORM T5 REINSTATEMENT CLOSURE NOTIFICATION

Civic offices Bray Main Street Bray. Tel: 01-2744900 , Fax: 01- 2860930

Applicant: _____
Address of Applicant: _____
Contact Telephone No: _____ **Fax No.:** _____ **E-mail:** _____
T1 Ref. No: T1/ _____ / _____ (Part _____ of _____) **Applicant Ref.** _____

If the works were carried out by a contractor, complete the following:-

Name of Contractor: _____
Address : _____
Telephone No: _____ **Fax No:** _____ **Mobile Tel. No:** _____
Exact location of works: _____
(Please attach map with exact location of works endorsed.)

Reinstatement Closure Dimensions:

Carriageway / Footpath or Open Space	Length (metres)	Width (metres)	Date Completed	Material	<i>Official Use Only</i>

Individual Service Connection(s) Provided Yes No If Yes, how many? _____

Were Parking Bays Affected: Yes No If Yes, how many? _____ Duration? _____ (days)

Were Traffic Loops Affected: Yes No If Yes, how many? _____

Was a Road Closure(s) Required: 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 Bray Town Councils “Directions for Roadworks Control” (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 invoices generated from confirmed T5 information. .

If any remedial works are required during the maintenance period they shall be carried out by the applicant to the requirements of Bray Town 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.

Designated Contact Person: _____ **Mobile Tel. No.** _____ **Tel No. Night** _____

Date : _____ **Signed:** _____

NAME: (Block Capitals) _____

Official Use only

T4 Reference No.:	Application Fee:	€
Invoice Number:	Long Term Damage Fee:	€
Receipt Number:	Miscellaneous Traffic Charges:	€
Utility Reference No.	TOTAL:	€