# SURREY COUNTY COUNCIL

## Application Form: Section 16A Road Closure for Events

|  |  |
| --- | --- |
| **Question** | **Answer** |
| Name of Event  |  |
| Date of Event  |  |
| Start / Finish Time of Event  |  |
| Approx. Anticipated Attendance |  |
| Max Entrants (If Applicable)  |  |
| Type of Event e.g. Marathon  |  |

## Affected Districts and Boroughs – tick all that apply

|  |  |
| --- | --- |
| **Districts & Boroughs** | **Answer** |
| Elmbridge |  |
| Epsom & Ewell |  |
| Guildford |  |
| Mole Valley |  |
| Reigate & Banstead |  |
| Runnymede |  |
| Spelthorne |  |
| Tandridge |  |
| Waverly |  |
| Woking |  |

## Event Organiser Contact Details

|  |  |
| --- | --- |
| **Question** | **Answer** |
| Name |  |
| Organisation |  |
| Address |  |
| Email |  |
| Telephone |  |

## Impact Assessment

| **Question** | **Answer** |
| --- | --- |
| Number of households affected |  |
| Number of businesses affected |  |
| Key access issues identified e.g. hospitals |  |
| Health benefits |  |
| Community involvement |  |
| Economic impact |  |
| Environmental impact |  |
| Equality impact |  |
| Charity or voluntary group involvement |  |

## Road Closure

Please complete the table below detailing ALL roads that you wish to apply to close during your event. Please note, roads should only be closed if it is essential to your event. These details we expect are liable to change during the process. Please input the details as you initially propose.

| **Date road is to be closed** | **Times to be closed** | **Road to be closed** | **Start point of road closure** | **Finish point of road closure** | **Borough(s)/ District(s) road is in / passes through** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please continue on a separate sheet if necessary.**

**How will the Road Closure(s) be operated? (Please state details about signage and Marshalls)**

**What plans would you have in place to allow access for Emergency Services to the road(s) closed?**

**Are there any Key Access issues? E.g. Hospitals. If so, please provide further details.**

**How will you ensure access is maintained for residents that require care assistance?**

**Are there any bus routes along the road(s) you wish to close? If so, on which road(s) that you plan to close?**

**Will any refuse collections be affected by your road closure? (You can check this by contacting the Borough/ District council that your road passes through)**

**How do you plan to ensure that local residents that are directly impacted upon have enough notice of your proposed road closure?**

## Methods of Consultation

| **Approx Date of Consultation**  | **Type of Consultation**  | **Stakeholders Targeted**  | **How will this be evidenced?**  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please state in the box below a timeline and method of how you plan to undertake and evidence consultation with the key stakeholders.

**Please continue on a separate sheet if necessary.**

Please return this completed form via email to events@surreycc.gov.uk

## Check List of Documents

Please submit **all** of the documents listed below with your application. Failure to submit these documents will result in a delay in your application.

1. Proof of Public Liability
2. Clear, accurate maps of where you wish to close your road(s) for the event

By signing below, I confirm that I have received a copy of the Events Guidance on the Highway document.

I understand the stages of the process that I must complete and the fees to be paid before the road closure is granted for my event.

Signed:

Position:

Organisation:

Print:

Date:

Please return this completed form via email to events@surreycc.gov.uk