**CROYDON COUNCIL**

**APPLICATION FOR ROAD CLOSURE FOR A PLAY STREET**

This application can only be used for an order to close a road for the purposes of a Play Street. The Council reserves the right to cancel a road closure order. You are strongly recommended to take out Public Liability Insurance for the duration of your road closure.

**ORGANISER DETAILS**

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |

**DETAILS OF ROAD TO BE CLOSED**

|  |  |
| --- | --- |
| Road(s) |  |
| Precise location of closure ie. outside property numbers or road junctions |  |
| Day of week |  |
| Time of closure |  |
| If this is to be a regular closure state all dates |  |
| Alternative route for vehicles during the closure (if applicable) |  |
| Have you reported any issues with the road surface which could be hazardous | **YES / NO** |
| Comments |  |

If your application is approved the Council will provide you with four barriers and two ‘Road Closed’ signs. If you require additional signs / barriers please provide details here.

Please attach a summary of the consultation you have undertaken.

I confirm that

* I am at least 18 years of age
* The information I have provided is correct
* I have read the Croydon Play Streets Guide
* If the Order to close the road is granted I will comply with the Council’s signage and barrier requirements

Signature …………………………………………………………………………………

Date ………………………………………………………………………………………..

**Please return you completed form to:**

Children and Families Partnership

|  |  |
| --- | --- |
|  | |
|  |  |
| Email | [cfp@croydon.gov.uk](mailto:cfp@croydon.gov.uk) |
| Address | London Borough of Croydon Bernard Weatherill House 8 Mint Walk Croydon CR0 1EA |

|  |  |
| --- | --- |
| **Date received** | **Signature of approval** |
|  |  |

**For office use only**

**Issues with road surface reported to Highways Inspectors on ……………………(date)**