Application Form -
New Parking Restrictions

This document describes how to apply for a new parking restriction. All requests are assessed using the process set out below.

Please complete the attached form, describing your proposal with as much detail as possible. It helps your request if you can demonstrate support from:

- Neighbours / people living locally. The attached form will assist in canvassing support.
- Your local ward councillor(s).

Completed forms should be sent to:

Post: Traffic Management Team
        Bedfordshire Highways
        Thorn Turn
        Thorn Road
        Houghton Regis
        Dunstable LU5 6GJ

Email: Traffic.consultation@centralbedfordshire.gov.uk

What happens next?

- We check the information supplied is sufficient and send an acknowledgement.

- An officer investigates the request. This will often involve a site visit and a survey.

- The officer recommends whether the request should proceed, or be declined. Where a request is declined, we will explain why.

- We add a new scheme proposal to our rolling Highways Annual Plan, updated each autumn. For scheme proposals that are complex or involve residents' only parking, we calculate expected costs and benefits to help determine a relative priority.

- For schemes that require a Traffic Regulation Order (TRO), we draft a 'Public Notice' to explain the proposal.

- We advertise the proposal on our web site, in the local paper and by posting a notice in the street.

- Where there are objections to the proposal, we prepare a report to be considered at our Traffic Management Meeting.

- Where the proposal is approved to proceed, we instruct our highways contractor to install the necessary 'lines and signs'. At an agreed date, we start enforcement.

Application Form
New Parking Restrictions

Please use BLOCK CAPITALS when completing this form and send it to:

Post: Traffic Management Team
     Bedfordshire Highways
     Thorn Turn
     Thorn Road
     Houghton Regis
     Dunstable LU5 6GJ

Email: Traffic.consultation@centralbedfordshire.gov.uk

Applicant's name:
_____

Address:
_____
_____
_____

Postcode: _____

Email address: _____

Telephone no.: _____

Signature: _____

Please state which councillors(s) supports your proposal:

Councillor(s): _____

Ward: _____

Town: _____

Please describe the issue you wish to be resolved.

What is your proposed solution? *Please tick one box only.*
Where a restriction is limited in duration, please complete 'proposed times of operation'.

☐ **No Stopping at Any Time - School Keep Clear marking**

☐ **No Waiting at Any Time - double yellow line**

☐ **No Waiting during Specified Hours - single yellow line**

☐ **Parking for Residents only**   *(Note: permit eligibility rules and charges will apply)*

☐ **No parking on verges and pavements**

☐ **Other – please specify**

Proposed times of operation:

Days:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
☐	☐	☐	☐	☐	☐	☐

Hours:

From	to	and from	to

Supporting statement / sketch plan.

Evidence of local support
Please provide details of local support for your proposal.

If you need assistance to complete this form, please contact the Traffic Management Team on 0300 300 <extn. no.>

Data Protection Act: Please be advised that details all initial parking requests and the person making the request are kept on a computer database. Personal details are never revealed to other organisations.

Parking Restriction Request
Petition Form

This request for parking restrictions is being collated by:

_____

Address on request form:

_____

Location:

_____

Type of scheme requested:

_____

By signing this form, you are giving support for the proposed parking restrictions as detailed on the attached request form. Only entries completed in full can be accepted.

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____