



**ROAD TRAFFIC REGULATION (NORTHERN IRELAND) ORDER
1997 (as amended)
APPLICATION TO HOLD A SPECIAL EVENT ON A PUBLIC
ROAD**

Please read the following guidance documents before submitting your application.

- **Department for Infrastructure 'Guidance for Promoters of Events'**
- **Attached Council guidance notes on completion of this application form**

ABOUT YOU

Name of Promoter

Address of Promoter

Postcode:

Name of contact (s)

Telephone:

Position / role of contact

E-Mail:

Confirm if you have authority to act on behalf of the Promoter

☒ Yes

☐ No

ABOUT THE EVENT

Name of Event **COUNTRY GAMES TO TOWN**

Date of event **20 SEPT. 2025**

Purpose and nature of event **FAMILY FESTIVAL OF MUSIC + CULTURE**

Have all other options for holding the event off the public road been explored?

☒ Yes

☐ No

Is this a 'small event'?

☐ Yes

☒ No

Public liability insurance details **TO FOLLOW WITHIN A FEW DAYS**

POSSIBLE IMPACT

1. Name of road (s) on which event is to be held. (Enclose a detailed, marked up location plan to include marshals / stewards & first aid positions)

MAPS ALREADY FORWARDED

2. Please list all roads to be signed as diversionary routes.
(Use separate sheet if necessary)

SEE MAPS



3. Type of restriction
(full road closure / lane restriction etc.)

20 SEPT 7.30AM 7.30PM
4. Date and Start / End times of proposed road restriction Date: Start Time: End Time:

5. Name of company undertaking the Traffic Management Plan including a signing schedule?

GREENTOWN

6. Name of company undertaking signage work for the event (Appendix A)

GREENTOWN + CCTT STEWARDS

7. Has this event been held previously?

☒ Yes ☐ No

8. If yes, are the previous arrangements amended in any way? Provide details.

Yes ☒ No ☐ Not applicable

9. Please give details of any structure or equipment to be erected on the public road as part of the event

MARQUEES

10. Provide details of any businesses and residents which may be affected by the event and provide confirmation that they have been contacted

YES

11. Is a bus route affected (public and / or Education Authority)

YES. ARRANGEMENTS MADE WITH TRANSLINK.

12. Will the Council's waste collection service be affected?

YES

13. Please detail the arrangements for cleaning up after the event.

COUNCIL SERVICES + CCTT STEWARDS

14. Provide any other information that may assist with processing your request

NONE AT THIS TIME - BUT AVAILABLE FOR FURTHER IF NECESSARY

DECLARATIONS

- I confirm that I have read the Department for Infrastructure 'Special Events on Roads - Guidance for Promoters of Events' and understand that the Council may apply all or any of the conditions as it deems necessary. ✓
- I also understand that the Council may request any further information that it considers necessary to process this application and that my application may not proceed if I fail to produce this additional information. ✓
- I acknowledge that Armagh City, Banbridge and Craigavon Borough Council is the data controller and data processor under General Data Protection Regulation (GDPR). The Council is collecting this personal information to assist the Environmental Health Department to carry out its statutory duties. The personal data may be shared internally within the

Council with staff who are involved in providing this service and where necessary, between internal departments with the purpose of supporting an effective delivery of service. Information collected will only be shared with other Statutory Agencies for lawful purposes or to fulfil statutory obligations. The information you provide will be held securely and in accordance with the Council's Retention and Disposal Schedule. We would like you to be aware that for some legislation, this information may need to be on a register to which others can have access to by request. Further information can be viewed at <https://www.armaghbanbridgecraigavon.gov.uk> or obtained from the Senior Records Officer at the Council.

- I understand I will be required to provide appropriate **Public Liability** insurance cover for this event. ✓
- I confirm that I have consulted with local residents, businesses and relevant service providers that may be affected by the holding of this event. ✓
- I can confirm the details provided in this application are true and correct. ✓

Signature of applicant _____

(on behalf of the Promoter)

Date of application _____

Checklist:

Application fee - £287 *

Location plan / map showing marshals / stewards & first aid positions

Traffic Management Plan including Signing Schedule

Proof of Company's Competency to produce a Traffic Management Plan (e.g. Lantra sector 12 D (M7) or equivalent)

Details of Consultees and feedback received (bus providers, residents, businesses)

Yes ATTACHED

* Please refer to relevant point in attached guidance notes regarding small events

Please return the completed application form, accompanying documents and fee to:

Environmental Health Dept Old Armagh City Hospital 39 Abbey Street Armagh BT61 7DY	Environmental Health Dept Civic Building, Downshire Road, Banbridge, BT32 3JY	Environmental Health Dept Civic & Conference Centre, PO Box 66, Lakeview Road, Craigavon, BT64 1AL
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T: 0330 0561 011 E: ehhealth@armaghbanbridgecraigavon.gov.uk

www.armaghbanbridgecraigavon.gov.uk

GUIDANCE NOTE TO ACCOMPANY APPLICATION FORM TO HOLD A SPECIAL EVENT ON A PUBLIC ROAD
Please also read the Department for Infrastructure 'Guidance for Promoters of Events'

ABOUT YOU