

**WICKLOW COUNTY COUNCIL
COMHAIRLE CHONTAE CHILL MHANTÁIN
MUNICIPAL DISTRICT OF WICKLOW
CEANTAR BARDASACH CHILL MHANTÁIN**



**Please forward Applications
& queries to the following
address only:**

*Parking Section,
Bray Municipal District,
Civic Centre, Main Street,
Bray, Co. Wicklow.*

Tel: 01-2744900

PLEASE TICK

APPLICATION FOR A PARKING PERMIT

OWNER RESIDENT PARKING PERMIT - €50.00

Are you the registered owner of the vehicle?

Yes No

Are you the proprietor of the property?

Yes No

Do you reside full time at this address?

Yes No

OWNER RESIDENT SENIOR CITIZEN - €25.00

(Bus pass required or relevant ID)

Are you the registered owner of the vehicle?

Yes No

Are you the proprietor of the property?

Yes No

Do you reside full time at this address?

Yes No

RESIDENT PARKING PERMIT – RENTED PROPERTY - €50.00

- (a) one permit per property, even if the property is sub-divided
- (b) permit to be applied for by the landlord
- (c) evidence of rental agreement and duration of agreement to be submitted
- (d) permit may not necessarily be available for exact location, e.g. Main Street, the nearest available area will be listed on the permit
- (e) charge of €50.00, as per regular residential permit to apply per annum, or part thereof
- (f) full charge for additional permit(s) issued to replacement tenant(s) during the year
- (g) permit to be surrendered once tenant vacates the property. No further permit will issue until the original permit is returned

VISITORS PARKING PERMIT - €10.00

Valid for 7 days from the date of commencement. 2 permits per calendar year.

Requested by owner resident.

PTO

VOLUNTARY/EMERGENCY SERVICES PARKING PERMIT - €25.00

Voluntary – details of registered charity status required – 2 per organisation.
Emergency Response – valid emergency response identification required.

MEDICAL PROFESSIONAL PARKING PERMIT - €500.00

Relevant identification required.

ANNUAL PARKING PERMIT - €500.00

(€275 per 6 months & €150 per 3 months)

There is a €10 fee for Replacement Permit/Alterations/Change of Vehicle etc

NAME: _____

ADDRESS: _____

(In the case of Voluntary Services/Medical)

ORGANISATION: _____

TELEPHONE: _____

VEHICLE REG: _____

VEHICLE MAKE: _____ **MODEL:** _____

**Cheques/Postal Orders etc., should be made payable to Wicklow County Council.
Please DO NOT forward cash by post.**

CARD PAYMENT OPTIONS

Please debit my Card with the amount indicated

Master Card

Visa Credit

Visa Debit

Card A/c No.

Cardholder Signature

Expiry Date

Phone Number

For Office Use:

New Permit or Renewal _____

Disc Returned Yes ___ No ___

Confirmed with Motor Tax Yes ___ No ___

Staff Signature: _____ Date: _____