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APPLICATION FOR PERMIT TO AUTHORISE THE USE OF VEHICLES ON PUBLIC ROADS MAINTAINED BY

WICKLOW COUNTY COUNCIL

Transportation & Roads Infrastructure,
Wicklow County Council,
County Buildings,
WICKLOW
Telephone: (0404) 20100
Fax: (0404) 20101
E-mail: roadtran@wicklowcoco.i

WICKLOW	E-ma	ail: roadtran@wicklowcoco.ie)
TYPE OF PERMIT REQUIRED:			
One off (Single outward/ Return Journey)	€60	Half- Year (with Restrictions)	€300
Quarterly (with Restrictions)	€200	Yearly (with Restrictions)	€500
NAME / ADDRESS OF APPLICANT:			
TELEPHONE / FAX NUMBER(S):			
CONTACT: NAME & NUMBER:			
DETAILS OF PROPOSED ROUTE (ple	ease state R	oute accurately):	
DATES OF TRAVEL (including propos	sed time of	Travel):	

NATURE OF LOAD:			

DIMENSIONS	VEHICLE	TRAILER	LOAD	OVERALL
LENGTH				
WIDTH				

PARTICULARS	VEHICLE	TRAILER & LOAD
HEIGHT FROM ROAD LEVEL		
REGISTRATION NUMBER(S)		
DESCRIPTION / TYPE		
NUMBER OF AXLES		
WEIGHT ON NO. 1 AXLE (FRONT AXLE)		
WEIGHT ON NO. 2 AXLE		
WEIGHT ON NO. 3 AXLE		
WEIGHT ON NO. 4 AXLE - NO. 5 AXLE		
DISTANCE BETWEEN CENTRES OF NO. 1 AND NO. 2 AXLE		

PARTICULARS	VEHICLE	TRAILER & LOAD		
DISTANCE BETWEEN CENTRES OF NO. 1 AND NO. 2 AXLE				
DISTANCE BETWEEN CENTRES OF NO. 3 AND NO.4 AXLE				
NO. OF WHEELS ON NO. 1 AXLE				
NO. OF WHEELS ON NO. 2 AXLE				
NO. OF WHEELS ON NO. 3 AXLE				
NO. OF WHEELS ON NO. 4 AXLE				
DESCRIPTION OF WHEELS AND TYRES STEEL WITH PNEUMATIC TYRES				
I / we wish to apply for a permit to use the above vehicle(s) on the date(s) set out on the public roads maintained by Wicklow County Council and I / we undertake to refund Wicklow County Council the amount of any damage caused to any public road by the use of the vehicle(s) or trailer(s) under the permit which may be granted as a result of this application.				
NOTE:				
Applicants are required to give 7 days notice of this application to the Commissioner of the Garda Síochána with a copy of the application				

Please complete <u>ALL</u> particulars or application will be returned.

SIGNATURE

DATE