**WICKLOW COUNTY COUNCIL**

 ***COMHAIRLE CHONTAE CHILL MHANTÁIN***

 **MUNICIPAL DISTRICT OF BRAY**

 ***CEANTAR BARDASACH BHRÉ***

# *WICKLOW TRAFFIC & PARKING BYE-LAWS 2017*

## *APPLICATION FOR SPECIAL PARKING PERMIT – RESIDENTIAL CARER FOR A VOLUNTARY ORGANISATION*

**1. Name of Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Name of Voluntary Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Address of Residential Accommodation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Vehicle Registration No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Make of Vehicle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYER**

1. I hereby certify that the above person is an employee of this Voluntary Organisation and is required to provide care at the above residential accommodation.

2. I hereby certify that the residential accommodation has no off-road parking available to it.

**Employer’s Signature:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------------------------------------------------------------------------------**

***Applications must be accompanied by:-***

* Vehicle Registration Certificate.
* Fee of €15

**The fee for Replacement Permit/Alterations/Change of Vehicle etc is €15.00**

**The disc will be valid for 1 year from the date of issue.**

**Cheques/Postal Orders etc., should be made payable to Wicklow County Council.**

**Please DO NOT forward cash by post.**

**PTO**

**CARD PAYMENT OPTIONS**

Please debit my Card with the amount indicated

**Master Card Visa Credit Visa Debit**

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 **Card A/c No.**

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**Cardholder Expiry**

**Signature Date**

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 **Phone Number**

***OFFICE USE ONLY***

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| ***SP PERMIT NO.*** | ***DATE OF ISSUE*** | ***RECEIPT NO.*** | ***STREET/S APPLICABLE*** | ***€15 NEW/******RENEWAL******--------------------------------******€15 REPLACEMENT*** |
|  |  |  |  |  |