**WICKLOW COUNTY COUNCIL**

***COMHAIRLE CHONTAE CHILL MHANTÁIN***

**MUNICIPAL DISTRICT OF GREYSTONES**

***CEANTAR BARDASACH NA gCLOCHA LIATHA***

**Please forward Applications**

**& queries to the following**

**address only:**

 **APPLICATION FOR A ONE YEAR RESIDENT’S PARKING PERMIT (RP01)** Parking Section,

Bray Municipal District,

Civic Centre, Main Street,

Bray, Co. Wicklow.

Tel: 01-2744900

**APPLICATION FOR A ONE YEAR RESIDENT’S PARKING PERMIT (RP01)**

**PLEASE ANSWER ALL QUESTIONS AND SEE CONDITIONS ON PAGE 2 OF THIS FORM**

Surname (Block Capitals) ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name/s (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is the above address your normal place of residence? YES NO

Vehicle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Engine Capacity (C.C.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I DECLARE THAT THE PARTICULARS IN THIS APPLICATION ARE TRUE**.

Applicant’s Signature: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The fee for a Residents Parking Permit, which must accompany this application , is €50.00 for ONE year, for Old Age Pensioners or Family Members providing care to Resident €25.00**

**for ONE year.**

**The fee for Replacement Permit/Alterations/Change of Vehicle etc is €10.00**

**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**

**PLEASE NOTE:**

**PERMITS ARE VALID FOR ALL DAY PARKING IN THE AREA SPECIFIED ON THE PERMIT ONLY.**

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**A MAXIMUM OF FOUR RESIDENTIAL PERMITS MAY BE GRANTED PER HOUSEHOLD.**

**THE RENEWAL OF A PERMIT IS THE RESPONSIBILITY OF THE PERMIT HOLDER, IF YOU MOVE FROM THE ABOVE ADDRESS OR IF YOU DISPOSE OF YOUR VEHICLE, YOUR PERMIT IS NO LONGER VALID AND MUST BE RETURNED TO THIS OFFICE IMMEDIATELY.**

**A REPLACEMENT CHARGE OF €10 WILL BE REQUIRED IN THE EVENT OF A LOST/STOLEN REMIT. THIS CHARGE ALSO APPLIES IN THE CASE OF A CHANGE OF VEHICLE DURING THE TERM OF THE PERMIT.**

**IMPORTANT CHECK LIST**

ENCLOSE YOUR CURRENT UTILITY BILL, COPY OF INSURANCE CERTIFICATE AND FEE.

**WITH THIS APPLICATION YOU MUST;**

1. Supply to this office current documentary evidence of residence to support your application e.g. Utility Bill (please note mobile phone bills are not acceptable) or Registered Landlord’s lease agreement, **AND**
2. Supply a photocopy of the current insurance certificate for the vehicle indicating your name, Greystones address and car registration. If the car is registered in the name of a company you must supply a copy of the current insurance certificate for the vehicle **AND** a letter from the company stating that you are employed by them, your address, the car registration and that you have habitual use of the vehicle, **AND**
3. Supply a photocopy of current driving licence, **AND**
4. Supply any other information requested by Wicklow County Council.

**Restrictions on the issue of Residential Parking Permits.**

Residents of Purpose Built Apartment Blocks are not eligible for permits.

**Office Use Only:**

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| --- |
| Documents supplied: |
| Payment details: RP01 |
| Permit number: |