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



Please forward Applications

& queries to the following APPLICATION FOR A PARKING PERMIT address only: Parking Section, Bray Municipal District, Civic Centre, Main Street, Bray, Co. Wicklow. Tel: 01-2744900 PLEASE TICK **OWNER RESIDENT PARKING PERMIT - €50.00** Are you the registered owner of the vehicle? No Are you the proprietor of the property? No Do you reside full time at this address? No **OWNER RESIDENT SENIOR CITIZEN - €25.00** (Bus pass required or relevant ID) Are you the registered owner of the vehicle? No Are you the proprietor of the property?

RESIDENT PARKING PERMIT – RENTED PROPERTY - €50.00

No

No



- one permit per property, even if the property is sub-divided (a)
- permit to be applied for by the landlord (b)

Do you reside full time at this address?

Yes

Yes

Yes

Yes

Yes

Yes

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



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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 $\in 10$ fee for Replacement Permit/Alterations/Change of Vehicle etc	
NAME:	
AD	DRESS:
(In the case of Voluntary Services/Medical) ORGANISATION:	
ТE	LEPHONE:
VE	HICLE REG:
VE	HICLE 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	
Ma	ster Card Visa Credit Visa Debit
Ca	rd A/c No.
	dholder Expiry Date Date
Phone Number	
	For Office Use: New Permit or Renewal
	Disc Returned Yes No Confirmed with Motor Tax Yes No

Staff Signature: _____ Date: ____