



**APPLICATION FOR PERMIT TO AUTHORISE THE USE OF VEHICLES ON PUBLIC ROADS
MAINTAINED BY CARLOW COUNTY COUNCIL**

Road Traffic (Construction and Use of Vehicles) Regulations, 2003

Application for 12 month permit

Time(s) and Date(s) of Journey(s) _____

Details of proposed route(s) in the County of Carlow _____

Number of Loads (approx): _____ Description of load(s) _____

Please enter details of all vehicles to be used during the period of license.

Nature of Vehicle(s) _____

Nature & No. of trailers _____

Registration of **all** Vehicle(s) _____

GROSS DIMENSIONS: Width _____ Length _____

Height _____ Weight _____

No. of axles _____

Description of wheels & tyres _____

Axle number	1	2	3	4	5	6	7	8
No. of wheels								
Weight on axle (Tonnes)								
Axle spacing (Metres)								

FORM OF INDEMNITY

I/We wish to apply for a six monthly/yearly permit to use the above vehicle(s) for the period stated, on the Public Roads maintained by Carlow County Council. I/We undertake to refund the Carlow County Council the amount of any damage caused to any Public Road by the use of the/these vehicle(s) or trailer(s) under the permit which may be granted as a result of this application.

Contact Person: _____ Signature: _____

Company Name: _____

Address: _____

Fax: _____ Phone: _____

Note:

1. Applicants are required to give **4 days** notice to Carlow County Council to facilitate the processing of application.
2. Applicants are required to give **4 days** notice to An Garda Siochana including a copy of the completed application form.

Fees Chargeable	
€500.00	For a twelve month permit Permit valid from date of application only