KILKENNY COUNTY COUNCIL



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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time(s) and Date(s) of Journey(s): | |  | | | |
| Details of proposed route in the County of Kilkenny: | | | |  | |
|  | | | | | |
| Number of Load(s): |  | | Description of Load: | |  |

|  |  |  |
| --- | --- | --- |
| **VEHICLE DETAILS**: (Nature of Vehicle) | |  |
| Nature & No. of Trailers: |  | |
| Registration of Vehicle: |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GROSS DIMENSIONS** | Width: |  | | Length: |  |
|  | Height: |  | | Weight: |  |
|  | No. of Axles: | |  | | |
| Description of Wheels & Tyres: | | |  | | |

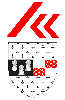
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is This Load Part of a Convoy? *(yes - no)* |  | Load No. |  | Of |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Axle No.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| **No. of Wheels** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Weight on Axle**  **(Tonnes)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Axle Spacing**  **(Metres)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

FORM OF INDEMNITY

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name:** | |  | | | | | Note: Applicants are required to give 4 (four) days’ notice of this application to the Garda Síochána with a copy of this application |
| **Address:** | |  | | | | |
|  | |  | | | | |
|  | |  | | | | |
| **Signed:** | |  | | | | |
| **Fax:** |  | | **Phone:** |  | **e-Mail:** |  | |



|  |  |  |
| --- | --- | --- |
| Roads Section,  County Hall,  John Street,  Kilkenny.  R95 A39T | Phone: 056 7794060  Fax: 056 7794069  e-Mail: roads@kilkennycoco.ie | **Fees Chargeable** |
| **Daily Permit €60.00** **per vehicle** |
| **3 Month Permit €150.00 per vehicle** |
| **Annual Permit €500.00 per vehicle** |