**COMHAIRLE CHONTAE CHILL CHAINNIGH**

**KILKENNY COUNTY COUNCIL**

Tel: 056 7794540 Email: [trafficfines@kilkennycoco.ie](mailto:trafficfines@kilkennycoco.ie)



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| **Visitor’s Parking Permit (On Street Disc Parking)**  **Application Form** |
| **CONDITIONS**   * If you are a resident within one of the Kilkenny County Council disc parking areas as contained in Kilkenny Borough Council, Parking Control Bye-Laws 2012 and you are **over 65 years** of age – you are entitled to apply for a ‘Visitors Permit’ if your household is solely occupied by one or more persons aged 65 or over. * A Visitors Parking Permit shall permit a visitor to park his or her own vehicle for **a maximum period of** **three consecutive hours** in a disc parking place on a street to which the disc relates free of charge. * Possession of a Visitor’s Parking Permit does not guarantee the holder a parking space at any time on the street indicated on the permit. * The permit may be used only by the person who visits, calls on or makes a stay with the resident or is engaged by the resident to carry out works on their dwelling. * The Permit will be for use only in the area indicated on the permit. * The responsibility for the renewal of a Visitor’s Permit for the disc parking area rests solely with the permit holder. * A maximum of one permit per house is permitted. |
| **REQUIREMENTS**  If you are eligible for a Visitor’s Parking Permit, please complete this Application Form giving details of all occupants of the household and attach herewith copies of the documents indicated. *(Unsigned or incomplete applications* ***will not*** *be accepted.)* |

***Please complete in BLOCK capitals and ensure Data Protection Consent is completed and signed at back of form***

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| **SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TEL NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **ALL OCCUPANTS OF HOUSEHOLD:** | |  |
| **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** |
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| **DECLARATION**  **I declare that my normal residence is at the above address within an On Street Disc Parking Area of Kilkenny County Council. I attach herewith copies of:-**  ***(Please insert 🗹 to confirm inclusion of the following)***  􀂅 **Evidence of age of all occupants (Birth Cert / Passport / ID Card with date of birth)**  􀂅 **1 copy of Utility Bill e.g. ESB, GAS, TV Provider, Landline Phone, Irish Water or Property Tax**  **OR**  **1 copy of current Financial Statement e.g. Bank / Credit Card / Credit Union**  **OR**  **1 copy of correspondence from Department of Social Welfare / Revenue**  ***Documentation must be within the past 4 months showing Applicant’s Name and Address***  􀂅 **Proof of ownership of the property, e.g. Local Property Tax correspondence for current year.**  􀂅 **Rent Book / Rental Agreement – if applicable**  **(*indicating the name and address of landlord & tenant, duration of tenancy and signed by both parties)* and**  **a copy of letter acknowledging registration of tenancy with the Private Residential Tenancies Board (PRTB)**  􀂅 **Out of date permit – if applicable *(original permit required)***  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **APPLICATION FEE:** A Visitor’s Parking Permit for an On Street Disc Parking Area costs €20 and a maximum of one such permit per household applies. | | |
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| **Please return completed application forms with copies of the required documents to**  ***The Traffic Department, Kilkenny County Council, County Hall , John St Kilkenny R95 A39T*** | | |
| **FOR OFFICE USE**  **RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECEIPT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT ISSUED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**DATA PROTECTION CONSENT FORM**

**Data Protection Acts 1988 to 2018 as amended**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agencies/bodies for the purposes of issuing a Parking Permit.**

**I agree that Kilkenny County Council when assessing my application may contact other Government Departments/Bodies including the Department Transport Tourism & Sport to confirm the information provided.**

**Any personal information which you provide may be shared / exchanged with other Government Departments/Agencies in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations.**

**Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of processing and duration of the Parking Permit and in accordance with the Council’s Retention Policy.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(in Block Capitals)**

**I do not consent to my data being processed, shared and stored by Kilkenny County Council for the purposes outlined above.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(in Block Capitals)**