



Operations Department, Fingal County Council, Grove Road, Blanchardstown, Dublin 15

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

Under Article 59 of the Road Traffic (Construction and Use of Vehicles) Regulations 2003 (S.I. No. 5 of 2003) as amended by Road Traffic (Special Permits for Particular Vehicles) Regulations 2012 (S. I. NO. 105/2012)

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

Route Details: _____

Details of Drop Off/Pick Up Points: _____

Max No. of Passengers: _____

VEHICLE DETAILS: Nature of Vehicle _____

Nature & No. of trailers _____

Registration of Vehicle(s) _____

DIMENSIONS (metric):

	Vehicle	Trailer	Overall
Width			
Length			
Height			
Weight			

Description of wheels & tyres _____

Number of axles _____

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

INSURANCE DETAILS:

Name of Insurance Company _____ Insurance Policy No: _____

Expiry Date of Policy: _____

Indemnity Limit for Third Party Damage: **Minimum €6.5m**

I/We wish to apply for a permit to use the above vehicle(s) on the date(s) set out, on the Public Roads maintained by Fingal County Council. I/We undertake to refund to Fingal 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.

Note: Applicants are required to give 4(four) days notice of this application to the Commissioner of the Garda Siochana with a copy of this application.

Company Name: _____

Address: _____

Fax: _____ **Phone:** _____ **Email:** _____

I certify that the above information is true and correct

Signed: _____ **Date:** _____

Print Name: _____ **Position:** _____

Fees Chargeable:
Annual Permit - €500

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