|  |  |  |
| --- | --- | --- |
|  | **LONGFORD COUNTY COUNCIL****TEL. NO.: 043 3343341** **FAX NO.: 043 3343439****EMAIL:** abnormalloads**@longfordcoco.ie** | **lcc_logo_colour** |

**APPLICATION FOR ABNORMAL LOAD PERMIT TO AUTHORISE THE USE OF VEHICLE(S) ON PUBLIC ROADS MAINTAINED BY LONGFORD COUNTY COUNCIL**

**Under Road Traffic (Special Permits for Particular Vehicles) Regulations 2007**

|  |  |
| --- | --- |
| **Name and Address of Applicant:** |  |
| **Details of Proposed Route in Co. Longford:** |  |
|  |  |
| **Date(s) of Journey:** |  |
| **Registration No. & Type of Vehicle:** |  |
| **Description of Load:** |  |
| **Insurance Company Name & Policy No.:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. of Axles** | **Axle 1** | **Axle 2** | **Axle 3** | **Axle 4** | **Axle 5** | **Axle 6** | **Axle 7** |
| **No. of Wheels per Axle** |  |  |  |  |  |  |  |
| **Approx. Weight on axle (tonnes)** |  |  |  |  |  |  |  |
| **Distance to next axle (metres)** |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DIMENSIONS** | **VEHICLE** | **TRAILER** | **LOAD** | **OVERALL** |
| **Weight** |  |  |  |  |
| **Length** |  |  |  |  |
| **Width** |  |  |  |  |
| **Height from Road Level** |  |  |  |  |

 **\*Applicants are required to give 3 clear days for the processing of this application.**

 **\*Applicants are required to give 4 clear days notice of this application to the Garda Authorities with a copy of this application**

**Have you given the Garda Authorities four working days notice of this application? YES ❒ NO ❒**

**Date Garda Authorities notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any application to Longford County Council must be accompanied by a notice for the Garda Authorities acknowledging receipt of the application, with attached limitations or conditions.**

**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 Longford County Council. I/We undertake to refund to Longford 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.**

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| --- | --- | --- | --- | --- | --- |
| **Fees:** | 1 Month & Single Trip Permit  | €50 / vehicle |  | Three Month Permit  | €150 / vehicle |

**Method of Payment: Cheque Credit/Debit Card Amount €\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Card Type:**  |  | **Card No.:**  |  **No. on Back:**  |

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| **Name on Card:** |  | **Expiry Date:**  |  |

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| **Signature:** |  | **Date:**  |  |  **Print Name:**  |  |

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| --- | --- | --- | --- | --- | --- |
| **Fax No.:**  |  | **Phone No.:**  |  | **Email:** |  |