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

Details of Proposed Route in the County of Laois: _____

Date (s) of Journey (s) _____

**FORMS MUST BE ACCOMPANIED BY APPROPRIATE APPLICATION FEE OF €50 FOR
3 MONTH PERMIT**

PARTICULARS		VEHICLE	TRAILER	LOAD	RETURN JOURNEY DETAILS
NATURE					
WEIGHT					
DIMENSIONS	LENGTH				
	WIDTH				
HEIGHT FROM ROAD LEVEL					

PARTICULARS		VEHICLE	TRAILER	RETURN JOURNEY DETAILS
REGISTRATION. NO. (NO'S.)				
DESCRIPTION				
NO. OF AXLES				
Weight on No.1 Axle (Front Axle)				
Weight on No. 2 Axle				
Weight on No. 3 Axle				
Weight on No. 4 Axle				
Weight on No. 5 Axle				
Weight on No. 6 Axle				
Distance between Centres of No. 1 & 2 Axle				
Distance between Centres of No. 2 & 3 Axle				
Distance between Centres of No. 3 & 4 Axle				
Distance between Centres of No. 4 & 5 Axle				
Distance between Centres of No. 5 & 6 Axle				
No. of Wheels on No. 1 Axle				
No. of Wheels on No. 2 Axle				
No. of Wheels on No. 3 Axle				
No. of Wheels on No. 4 Axle				
No. of Wheels on No. 5 Axle				
No. of Wheels on No. 6 Axle				
Description of Wheels and Tyres				

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

NAME OF COMPANY: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

E-MAIL ADDRESS: _____

SIGNED: _____

DATE: _____

CARD PAYMENT DETAILS _____

NUMBER: _____

EXPIRY: _____

CARD HOLDER NAME: _____

4 WORKING DAYS NOTICE MUST BE GIVEN TO THE GARDAI PRIOR TO THE DATE OF TRAVEL

**PLEASE BE ADVISED THAT LAOIS COUNTY COUNCIL REQUIRE COMPLETED APPLICATION
FORMS 10 DAYS PRIOR TO FIRST DATE OF TRAVEL**