



## APPLICATION FOR A CONTRACTORS PARKING PERMIT

**Please note that the information provided by you in this application form for a Contractors Parking Permit will be used solely by Sligo County Council for the purpose of processing this application for a Contractors Parking Permit and will not be used for any other purpose**

### Part A

Company Name or  
Individual Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Part B (Please complete if you are applying as an Individual Applicant)**

Vehicle Registration: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Colour: \_\_\_\_\_

### Part C

1) Location of Proposed Development \_\_\_\_\_

2) Planning Reference No. of Proposed Development \_\_\_\_\_

3) No. of Weeks Permit is Required for \_\_\_\_\_

I hereby apply for a Contractor's Permit in accordance with the terms set out in the Bye-Laws. I have read and accept the conditions applying.

I declare that the information given is true and correct.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**FEE FOR CONTRACTOR'S PERMIT IS €57.00 PER WEEK**