



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