



**COMHAIRLE CONTAE SHLIGIGH**  
**SLIGO COUNTY COUNCIL**

**Application for Special Permit to authorise the use of a vehicle and/or trailer on public roads in the County of Sligo under Special Permit under S.I. No. 283 of 2007 Road Traffic (Special Permits for Particular Vehicles) Regulations 2007**

To be completed by applicant –

(a) (i) Date(s) of Journey(s) \_\_\_\_\_

(ii) Number of Journey(s) / load(s) during the period \_\_\_\_\_

(b) Approximate time vehicle will commence journey in County Sligo \_\_\_\_\_

(c) Details of proposed route/s in the County of Sligo – specify exact route (with a map if possible)

\_\_\_\_\_  
\_\_\_\_\_

(d) Description of Load \_\_\_\_\_

(e) Vehicle Details:

Nature of Vehicle \_\_\_\_\_

Registration No. of Vehicle \_\_\_\_\_

Nature & No. of Trailers \_\_\_\_\_

No. of Axles \_\_\_\_\_

No. of Wheels per Axle \_\_\_\_\_

Description of Wheels & Tyres \_\_\_\_\_

\_\_\_\_\_

Type of Tyres (Pneumatic, Soft, Other) \_\_\_\_\_

Axle Number	1	2	3	4	5	6	7	8
No. of Wheels								
Weight on Axle (Tonnes)								
Axle Spacing (metres)								

**(f) Gross Dimensions:**

	Vehicle	Trailer	Load	Overall
Width				
Length				
Height from Road Level				
Weight				

I/We wish to apply for a permit to use the above vehicle(s), on the date(s) set out, on the Public Roads mentioned and I/We undertake to refund to Sligo County Council the amount of any damage caused to any Public Road by the use of vehicle or trailer under the permit which may be granted as a result of this application.

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

Name & Address in Block Capitals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL. NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Note:**

**Applicants are required to give 4 clear days (excluding Saturdays, Sundays or Public Holidays) notice of this application to the Commissioner of the Garda Síochána with a copy of this application.**

*Incomplete applications will be returned*