

**WICKLOW COUNTY COUNCIL**

**COMHAIRLE CHONTAE CHILL MHANTÁIN**

**MUNICIPAL DISTRICT OF ARKLOW**

**CEANTAR BARDASACH AN tINBHEAR MÓR**

## APPLICATION FOR SPECIAL PARKING PERMIT FOR ARKLOW MUNICIPAL DISTRICT MEDICAL PROFESSIONALS

APPLICATION FOR: **(a)** 1 YEAR SPECIAL PERMIT

 -Or -

**(b)** REPLACEMENT PERMIT

 *(Lost permit/change of vehicle etc.)*

**1. Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Name of Practice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Address of Practice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**4. Vehicle Registration No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Make & Model of Vehicle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that I am a Medical Professional applying for a Special Parking Permit to facilitate the carrying out of my work and that the particulars given in this application form are correct and true.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**---------------------------------------------------------------------------------------------------------**

***Applications must be accompanied by:-***

* A recent letter from the Practice stating that the permit is for professional use only (i.e. dated within 1 month of application).
* Current parking permit if applying for replacement permit for change of vehicle/alterations etc.
* Any other information requested by Wicklow County Council.

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**Please forward applications & queries to:-**

**By Post:** Parking Section, Bray Municipal District, Civic Offices, Main Street, Bray, Co.Wicklow, A98 A9X9

**-or-**

**By Email**: braymd@wicklowcoco.ie

**Tel:** 01 2744900

**PLEASE NOTE**

* Making an application does not entitle you to park without payment. You must pay for parking until you receive your parking permit.
* Possession of a special parking permit does not guarantee the holder a parking space at all times.
* The renewal of a permit is the responsibility of the permit holder.

***OFFICE USE ONLY***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***RP PERMIT NO.*** | ***DATE OF ISSUE*** | ***RECEIPT NO.*** | ***STREET/S APPLICABLE*** | ***DOCUMENTS CHECKED*** | ***FEE PAID €*** |
|  |  |  |  |  |  |

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