

**WESTMEATH COUNTY COUNCIL****APPLICATION FOR SPECIAL PERMIT FOR OFF ROAD DUMPERS IN COUNTY WESTMEATH****Road Traffic (Construction & Use of Vehicles) Regulations 2003 S.I. No. 5 of 2003, Regulation 59**

Route Proposed \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

Start of Journey \_\_\_\_\_ am/pm on \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

Completion of Journey \_\_\_\_\_ am/pm on \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

Vehicle Used \_\_\_\_\_

	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8
<b>No. of wheels</b>								
<b>Approx. weight on axle (tonnes)</b>								
<b>Distance of next axle (metres)</b>								
<b>No. of wheels on axle</b>								

Registration No. \_\_\_\_\_

Type of Vehicle \_\_\_\_\_

Description of load \_\_\_\_\_

Projections: Forward \_\_\_\_\_ Backward \_\_\_\_\_ Lateral \_\_\_\_\_

Rigid Length \_\_\_\_\_

Overall length of combination \_\_\_\_\_

Distance between vehicles where load carried on more than one vehicle \_\_\_\_\_

Overall dimensions of vehicle and load. Height \_\_\_\_\_ Width \_\_\_\_\_

Total weight of Combination \_\_\_\_\_

Description of tyres and wheels \_\_\_\_\_

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

**Note: Applicants are required to give a minimum of 4 clear working days notice (Saturday, Sunday & Public Holidays not included in the reckoning of 4 days notice) of this application to The Commissioner of the Garda Siochana with a copy of this application BEFORE making an application to this Council for a permit.**

Have you given the Garda Authorities four working days notice  
Of this application plus a copy of this application. :

**YES****NO**☐☐

Date Gardai Notified : \_\_\_\_\_

I certify that the forgoing is correct :

Signed \_\_\_\_\_

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Tel No \_\_\_\_\_

Fax No \_\_\_\_\_

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