

ROSCOMMON COUNTY COUNCIL

ROAD TRAFFIC ACT 1961 -2002

Road Traffic (Construction and Use of Vehicles) Regulations 2003(S.I. No 5 of 2003)

APPLICATION FOR SPECIAL PERMIT TO MOVE ABNORMAL LOAD OVER PUBLIC ROADS IN COUNTY ROSCOMMON

1. Name and Address of Applicant: _____

2. **Details of Journey**

(i) Journey: from _____ to _____

(ii) Details of Route proposed in County Roscommon _____

(iii) Date/s of journey in County: _____ Times: from _____ to _____

3. **Details of Vehicle**

(i) Registration No: _____ (ii) Type of Vehicle: _____

(iii) Distance between vehicles where load carried on more than one vehicle _____

(iv) Overall Dimensions of vehicle and load: Length _____ Height _____ Width _____

(v) Weight of: Vehicle _____ Trailer _____ Load _____

(vi) Description of Tyres and Wheels _____

(vii)

No. of Axles	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6
No. of Wheels						
Approx. Weight on axle (tonnes)						
Distance to next axle						
No. Of wheels on axle						

4. **Description of Load**

(i) Description of Load/s to be carried _____

(ii) Projections: Forward _____ Backward _____ Lateral _____

(iii) Rigid Length _____

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 Roscommon County Council and I/We undertake to refund to Roscommon 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.

I/We also undertake to indemnify Roscommon County Council against all claims therefrom, the minimum indemnity to be £2 million any one accident.

NOTE: Applicants are required to give four clear days (excluding Saturdays, Sundays and Bank Holidays) notice of this application to the Commissioner of the Garda Síochána with a copy of this application.

SIGNATURE: _____

POSITION: _____ DATE: _____

PHONE NO: _____ EMAIL: _____

Email the completed application form to roads@roscommoncoco.ie