APPLICATION FOR SPECIAL PERMIT TO MOVE ABNORMAL LOAD OVER PUBLIC ROAD

IN COUNTY ROSCOMMON

ROAD TRAFFIC ACT 1961 -2002

**Road Traffic (Special Permits for Particular Vehicles) Regulations 2007 (S.I. No. 283/2007)**

1. Name and Address of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Details of Journey

1. Journey: from to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Details of Route proposed in County Roscommon
3. Date/s of journey in County: Times: from to

# Details of Vehicle

1. Registration No: (ii) Type of Vehicle:
2. Distance between vehicles where load carried on more than one vehicle
3. Overall Dimensions of vehicle and load: Length Height Width
4. Weight of: Vehicle Trailer Load
5. Description of Tyres and Wheels

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. of Axles | Axle 1 | Axle 2 | Axle 3 | Axle 4 | Axle 5 | Axle 6 | Axle 7 | Axle 8 | Axle 9 | Axle 10 |
| No. of Wheels |  |  |  |  |  |  |  |  |  |  |
| Approx. Weight on axle (tonnes) |  |  |  |  |  |  |  |  |  |  |
| Distance to next axle |  |  |  |  |  |  |  |  |  |  |
| No. Of wheels on axle |  |  |  |  |  |  |  |  |  |  |

# Description of Load

1. Description of Load/s to be carried
2. Projections: Forward Backward Lateral
3. 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 €6.4 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](mailto:roads@roscommoncoco.ie)