

Roads Office, Mayo County Council, Aras an Chontae,

Castlebar, Co Mayo or by Email to eload@mayococo.ie

or roads@mayococo.ie

A: Áras an Chontae, Caisleán an Bharraigh, Contae Mhaigh Eo, F23 WF90

T: 094 9064000 F: 094 902393

with completed Application Form

Please quote Receipt Number here

RECEIPT NUMBER:

W: www.mayo.ie

APPLICATION FOR ABNORMAL LOAD PERMIT TO AUTHORISE THE USE OF VEHICLE(S) ON PUBLIC ROADS MAINTAINED BY MAYO COUNTY COUNCIL

Details of Proposed Route in Co. Mayo			
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Date(s) & Times(s) of proposed Journey			
Single Journey/	/Daily €60 ∐ Q	uarterly Permit €150	Annual Permit €500 [please tick
Description of Load			
DIMENSIONS			
Overall Weight of Vehicle & Load (tonnes)			
Overall Length (m)			
Overall Width (m)			
Maximum Height (m)			
PARTICULARS	VI	CHICLE	TRAILER
Registration Number	, <u>, , , , , , , , , , , , , , , , , , </u>	III O E E	
Description			
No. of Axles			
Weight Axle No. 1 (Front Axle)			
Weight Axle No. 2			
Weight Axle No. 3			
Weight Axle No. 4			
Weight Axle No. 5			
Weight Axle No. 6			
Distance between centres of Axle 1 & 2			
Distance between centres of Axle 2 & 3			
Distance between centres of Axle 3 & 4			
Distance between centres of Axle 4 & 5			
Distance between centres of Axle 5 & 6			
No. of Wheels on Axle No. 1			
No. of Wheels on Axle No. 2			
No. of Wheels on Axle No. 3			
No. of Wheels on Axle No. 4			
No. of Wheels on Axle No. 5			
No. of Wheels on Axle No. 6			
I/We wish to apply for a permit to use the abor County Council. I/We undertake to refund to I by the use of the vehicle or trailer under the Pe	Mayo County Cou	incil the amount of a	my damage caused to any Public Road
NAME OF COMPANY			NOTE: Applicants are required to give 4
ADDRESS			working days notice of this application
SIGNED	DATE:		to the Commissioner of An Garda
TEL. NO.	FAX NO		Síochána accompanied by a copy of appl./
Return completed Appl form by Post to:		Fac. 4:: Barrie	[traffic abloads@garda.ie]