



**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 _____

Date(s) & Times(s) of proposed Journey _____

Single Journey/Daily €60 3 month 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	VEHICLE	TRAILER
Registration Number	_____	_____
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 above vehicle(s) on the date(s) set out, on the public roads maintained by Mayo County Council. I/We undertake to refund to Mayo 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.

NAME OF COMPANY _____

ADDRESS _____

SIGNED _____

TEL. NO. _____

DATE: _____

FAX NO _____

NOTE: Applicants are required to give 4

working days notice of this application

to the Commissioner of An Garda

Síochána accompanied by a copy of appl.

Return completed Appl. form by **Post** to:
Roads Office, Mayo County Council,
Aras an Chontae, Castlebar, Co. Mayo.
[Fee or eReceipt number must be included with
completed Application Form]

Return completed form by **Email** or by **Fax** [see above]
Payment to be made online @ www.mayococo.ie/en/Services/Roads/

eRECEIPT NUMBER: _____

Please quote eReceipt Number here