



**Details of Route**

Proposed: \_\_\_\_\_  
\_\_\_\_\_

**Start:**                    **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**End:**                    **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Details of Vehicle	1 <sup>st</sup> Axle	2 <sup>nd</sup> Axle	3 <sup>rd</sup> Axle	4 <sup>th</sup> Axle
No. of wheels				
Approximate weight on axle (tons)				
Distance to next axle (feet)				
No. of wheels on axle				

**Registration No.:** \_\_\_\_\_

**Type of Vehicle:** \_\_\_\_\_

**Description of Load:** \_\_\_\_\_

**Projection:**                    **Forward:** \_\_\_\_\_ **Backward:** \_\_\_\_\_ **Lateral:** \_\_\_\_\_

**Rigid Length:** \_\_\_\_\_

**Overall length of combination:** \_\_\_\_\_

**Distance between Vehicles (when multiple vehicles):** \_\_\_\_\_

**Overall dimensions of vehicle & load**                    **Height:** \_\_\_\_\_ **Width:** \_\_\_\_\_

**Total weight of combination:** \_\_\_\_\_

**Description of tyres & wheels:** \_\_\_\_\_

**Application fee amount enclosed:** \_\_\_\_\_

**Details of how payment was made:** \_\_\_\_\_

**SCALE OF FEES FOR APPLICATIONS FOR ABNORMAL LOAD PERMITS**

- Permit for 1 month**    €50 per Vehicle Registration number
- Permit for 3 months**    €150 per Vehicle Registration number
- Permit for 1 year**    €500 per Vehicle Registration number



**HOW TO PAY FOR YOUR ABNORMAL LOAD PERMIT**

<b>Cheque</b>	Enclosed with this form and post to the below address
<b>Card Payment</b>	By calling us on 071 9620005 Ext. 400
<b>Bank Transfer</b>	25 characters available in commentary Please note <b>"Abnormal Load"</b>
<b>Bank Address:</b>	Allied Irish Bank, Main Street, Carrick on Shannon, Co. Leitrim
	<b>IBAN:</b> IE81 AIBK93706124328188 <b>BIC:</b> AIBKIE2D

Evidence of Public Liability Insurance to be submitted with application. The minimum Public Liability Insurance cover shall be €6.4 million any one accident. Leitrim County Council shall be indemnified on the Public Liability Insurance against all claims arising from the journey(s).

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 Leitrim County Council.

I/We undertake to refund to Leitrim 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 Leitrim County Council against all claims arising there from, the minimum indemnity to be €6.4million any one accident.

NOTE: Applicants are required to give 4 clear days' notice of this application to the Commissioner of the Garda Síochana with a copy of this application.

**NAME OF APPLICANT:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Completed Application Forms to be returned as follows**

**Postal Address:** Roads Admin Department, Leitrim County Council, Park Lane House, Carrick on Shannon Co. Leitrim

**Email Address:** roads@leitrimcoco.ie

**Telephone:** 071 9620005 **Ext:** 630