



## APPLICATION FOR PERMIT TO AUTHORISE THE USE OF VEHICLES ON PUBLIC ROADS MAINTAINED BY LAOIS COUNTY COUNCIL

To: Laois County Council,  
Aras an Chontae,  
JFL Avenue,  
Portlaoise, Co. Laois. R32 EHP9  
Phone: 057 8664000 Email: [heavyloadspermit@laoiscoco.ie](mailto:heavyloadspermit@laoiscoco.ie) Website: [www.laois.ie](http://www.laois.ie)

Details of Proposed Route in the County of Laois: \_\_\_\_\_

Date (s) of Journey (s) \_\_\_\_\_

### **FORMS MUST BE ACCOMPANIED BY APPROPRIATE APPLICATION FEE**

PARTICULARS		VEHICLE	TRAILER	LOAD	RETURN JOURNEY DETAILS
NATURE					
WEIGHT					
DIMENSIONS	LENGTH				
	WIDTH				
HEIGHT FROM ROAD LEVEL					

PARTICULARS		VEHICLE	TRAILER	RETURN JOURNEY DETAILS
REGISTRATION. NO. (NO'S.)				
DESCRIPTION				
NO. OF AXLES				
Weight on No.1 Axle (Front Axle)				
Weight on No. 2 Axle				
Weight on No. 3 Axle				
Weight on No. 4 Axle				
Weight on No. 5 Axle				
Weight on No. 6 Axle				
Weight on No. 7 Axle				
Weight on No. 8 Axle				
Distance between Centres of No. 1 & 2 Axle				
Distance between Centres of No. 2 & 3 Axle				
Distance between Centres of No. 3 & 4 Axle				
Distance between Centres of No. 4 & 5 Axle				
Distance between Centres of No. 5 & 6 Axle				
Distance between Centres of No. 7 & 8 Axle				
No. of Wheels on No. 1 Axle				
No. of Wheels on No. 2 Axle				
No. of Wheels on No. 3 Axle				
No. of Wheels on No. 4 Axle				
No. of Wheels on No. 5 Axle				
No. of Wheels on No. 6 Axle				
No. of Wheels on No. 7 Axle				
No. of Wheels on No. 8 Axle				
Description of Wheels and Tyres				

**INSURANCE DETAILS:**

Name of Insurance Company: \_\_\_\_\_ Insurance Policy No. \_\_\_\_\_

Expiry Date of Policy: \_\_\_\_/\_\_\_\_/\_\_\_\_ Indemnity Limit for Third Party Damage: Minimum €6.5 million

Note: Applicants are required to give 7 Days notice of this Application to the Commissioner of An Garda Siochana with a copy of the application.

**INDEMNITY**

I/We hereby agree to indemnify Laois County Council and each and every road or bridge authority responsible for the maintenance and repair of any damage which may be caused on the journey to which the above notice relates in respect of any damage which may be caused to such road or bridge by:

- (a) Any of the above mentioned vehicle(s) – (i) by reason of the construction of or the weight transmitted to the road surface by any of the said vehicles, or
- (b) Any other vehicles by reason of one of the above-mentioned vehicles being on such road or bridge.

NAME OF COMPANY: \_\_\_\_\_

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

**PHONE NUMBER:** \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNED: \_\_\_\_\_ Mobile: \_\_\_\_\_

DATE: \_\_\_\_\_

Length of Permit	Fee	Receipt Number
Permit for 1 Day <b>PER VEHICLE</b>	€60.00	
Permit for 1 Month <b>PER VEHICLE</b>	€100.00	
Permit for 3 Months <b>PER VEHICLE</b>	€150.00	
Permit for 6 Months <b>PER VEHICLE</b>	€260.00	
Permit for 12 Months <b>PER VEHICLE</b>	€500.00	

Payment can be made through our Cash Office on 057 8674308 and please ensure the receipt number is filled in above before submitting your application.

Alternatively payment can be made by EFT, please contact ROADS DEPARTMENT for bank details; [heavyloadspemits@laoiscoco.ie](mailto:heavyloadspemits@laoiscoco.ie) or 057 8689349

**LAOIS COUNTY COUNCIL REQUIRES 7 DAYS NOTICE  
(excluding Saturday, Sunday and Public Holidays)  
TO PROCESS THESE APPLICATIONS**

