**WICKLOW COUNTY COUNCIL**

**COMHAIRLE CHONTAE CHILL MHANTÁIN**

## **APPLICATION FOR SUSPENSION OF A PARKING BAY(S) | [Form SPB1-002]**

**PLEASE ANSWER ALL QUESTIONS AND SEE CONDITIONS ON PAGE 2 OF THIS FORM**

**Applicant Name/Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact** **Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Purpose of Parking Bay Suspension:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of Parking Bay(s):**

*(submit map showing bays requested)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No. of Parking Spaces Required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Dates & Times:** From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vehicle Registration Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I DECLARE THAT THE PARTICULARS IN THIS APPLICATION ARE TRUE.**

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PTO**

**IMPORTANT ITEMS TO NOTE:**

1. Applications for suspension of parking bays within the Pay & Display zone should generally be made at least 10 days before required.
2. The fee for suspension of parking bay(s) will be advised upon review of application request.
3. The fee will be payable prior to final approval of parking bay(s) suspension.
4. Location map to be submitted outlining the parking bays required.
5. Registration Number(s) of vehicle(s) to be parked in parking bay(s), if approved, to be submitted.
6. Should an extension be required to the time period or number of bays required please contact Bray Municipal District at braymd@wicklowcoco.ie / (01) 274 4900 to arrange approval and payments.
7. The onus for marking off suspended bays will be with the requestor of same. They must supply their own cones and tape for this purpose.
8. While every effort will be made to accommodate requests for parking bay suspensions, we cannot guarantee approval of all applications for same.

**Payment can be made as follows:**

**By Post:** Cheques/Postal Orders should be made payable to Wicklow County Council.

**By Phone:** Payment can be made by credit/debit card by calling (01) 274 4900.

**By Electronic Transfer/EFT:**  Account Details are as follows

Account No: 15587561

Sort Code: 90-67-34

BIC: BOFIIE2D

IBAN: IE78 BOFI 90673415587561

*Remittance to be sent to* *braymd@wicklowcoco.ie*

**Office Use Only:**

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| --- |
| Documents supplied: |
| Payment details: SPB1-002 |
| Approval : Yes No |