**COMHAIRLE CHONTAE CHILL CHAINNIGH**

**KILKENNY COUNTY COUNCIL**

Tel: 056 7794540 Email: [trafficfines@kilkennycoco.ie](mailto:trafficfines@kilkennycoco.ie)



**Carer’s Parking Permit**

**Application Form**

**THE ONUS IS ON APPLICANT TO RENEW THE PERMIT WITHIN TWO WEEKS OF EXPIRY. APPLICANTS WHO INCUR A TRAFFIC FINE AFTER THE EXPIRY OF THE TWO WEEK PERIOD, WILL BE REQUIRED TO PAY FINE IN FULL.**

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| **CONDITIONS:**   * A Carer’s Parking Permit is issued only to eligible residents in the disc parking area as contained in Kilkenny Borough Council, Parking Control Bye-Laws 2012, who require ongoing daily care for a medical illness. * The permit may be used only by the person who visits, calls on or makes a stay with the resident for the purpose of ongoing daily care for a medical illness. * The Carer’s Permit entitles the Carer to park free of charge and without a time limit in the disc parking area indicated on the permit. * Possession of a Carer’s Permit does not guarantee the holder a parking space at any time on the street indicated on the permit. * The responsibility for the renewal of a Carer’s Permit rests solely with the permit holder. * A maximum of one permit per house is permitted. |
| **REQUIREMENTS:**  If you are eligible for a Carer’s Parking Permit, please complete this Application Form and attach herewith copies of the documents indicated. *(Unsigned or incomplete applications* ***will not*** *be accepted.)* |
| ***Please complete in BLOCK capitals*** |
| **SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TEL NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DECLARATION**  **I declare that my normal residence is at the above address within the disc parking area of Kilkenny County Council. I declare that I currently require daily care for a medical illness attach herewith copies of:-**  ***(Please insert 🗹 to confirm inclusion of the following)***  􀂅 **Written confirmation from my doctor stating that I require daily care for a medical illness**  ***(must be written on official practice stationary)***  􀂅 **1 copy of Utility Bill e.g. ESB, GAS, TV Provider, Landline Phone, or Irish Water**  **OR**  **1 copy of current Financial Statement e.g. Bank / Credit Card / Credit Union**  **OR**  **1 copy of correspondence from Department of Social Welfare / Revenue**  ***Documentation must be within the past 4 months showing Applicant’s Name and Address***  􀂅 **Proof of ownership of the property - Local Property Tax correspondence for current year.**  􀂅 **Out of date permit – if applicable *(original permit required)***  􀂅 **I have read, and understand the information notes attached**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **APPLICATION FEE:** A Carer’s Parking Permit costs €20 and a maximum of one Carer’s Permit per household applies. |
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| **Please return completed application forms with copies of the required documents to**  ***The Traffic Department, Kilkenny County Council, County Hall , John St Kilkenny R95 A39T*** |
| **FOR OFFICE USE**  **RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECEIPT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT ISSUED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Information Notes**

**Carer’s Parking Permit**

**How do I apply for a permit?**

An application form & statutory declaration forms are available from the Traffic Department, Kilkenny County Council, County Hall, John Street, Kilkenny R95 A39T, and from the Kilkenny County Council website [www.kilkennycoco.ie](http://www.kilkennycoco.ie). Please submit all fully completed applications to the Traffic Department, Kilkenny County Council, County Hall, John Street, KilkennyR95 A39T.

**Is the personal data submitted as part of this application shared with other organisations?**

* Kilkenny County Council may share personal data submitted as part of your application with other third parties where required to do so by law. Where this is required Kilkenny County Council shall have regard to the security and integrity of the data and will minimise the data shared.
* Your data is shared internally within the Traffic Department of Kilkenny County Council
* Applicants are advised that the completed application form together with all submitted documentation in support of the application will be required to be retained by Kilkenny County Council for the purposes of audit inspection by both the Local government Auditor and the City Council’s internal auditor for a period of no longer than 2 years.
* Kilkenny county Council is committed to fulfilling its obligations imposed by the Data Protection Acts 1988 to2018.

**Please note :**

1. All applications received in this office are checked with the Rates Office to ensure that the premises are listed as domestic. If the premises are partially commercial/non-residential, the premises may be inspected to confirm adequate residential accommodation is provided within the premises.
2. Incomplete Application forms will be returned to applicant.
3. The renewal of a permit is the responsibility of the permit holder.
4. All payments for processing of permits by cheque, postal order etc., should be made payable to Kilkenny County Council. Please do not send cash in the post. The option of payment by bank card is also available.

**What do I need in the event of a Lost/Stolen permit?**

* You need to complete and sign a Statutory Declaration form which is available in Kilkenny County Council, Traffic Department, County Hall, Johns Street, Kilkenny, and on Kilkenny County Council website www.kilkennycoco.ie
* Fee of €10

**Contact Us:** Tel: 056 7794540 Email: [trafficfines@kilkennycoco.ie](mailto:trafficfines@kilkennycoco.ie)