Comhairle Cathrach na Gaillimhe
Galway City Council

Halla na Cathrach
Bóthar an Choláiste
Gaillimh

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Galway

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APPLICATION FORM FOR GALWAY CITY COUNCIL CARERS PARKING PERMITS under Galway City Council Parking Control Bye - Laws 2009

You must read all conditions overleaf and answer all questions below before signing and submitting this application. Parking permits must be renewed within 28 days of expiry. All late renewal applications must be submitted as a first time application, possibly affecting eligibility.

Application for Carer's Permit: ☐ **Renewal of Permit:** ☐ **Change of Vehicle:** ☐

(a) RESIDENT'S/APPLICANT'S DETAILS: (This is the person who requires daily care.)

First Name/s: _____ **Surname:** _____

Telephone (Home): _____ **(Mobile):** _____

Address: _____

_____ **Eircode:** _____

Is the above address your normal place of residence? **Yes** _____ **No** _____

Are you the holder of a resident parking permit? **Yes** _____ **No** _____

State Resident Permit no.: _____ **Expiry Date:** _____

Number of permits already issued to carer(s) at this address? _____

(b) CARER'S DETAILS:

FIRST CARER'S DETAILS:

First Name/s: _____ **Surname:** _____

Address: _____

_____

Telephone (Home): _____ **(Work):** _____ **(Mobile):** _____

Relationship to Resident: _____

Vehicle Registration Number: _____ **Vehicle Make & Model:** _____

State previous Carer Permit no.: _____ **Expiry Date:** _____ **(if applicable)**

SECOND CARER'S DETAILS:

First Name/s: _____ Surname: _____

Address: _____

_____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Relationship to Resident: _____

Vehicle Registration Number: _____ Vehicle Make & Model: _____

State previous Carer Permit no.: _____ Expiry Date: _____ (if applicable)

Permit Fees: A maximum of 2 carers' permits will be issued to each applicant at a cost of €10.00 per annum.

STATUTORY DECLARATION BY APPLICANT

I, _____hereby declare that the particulars given in this application form are correct and true in every detail to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true by virtue of the Statutory Declarations Act, 1938. I attach herewith written confirmation from my doctor that I require ongoing daily care due to a chronic illness.

Signature: _____ **Date:** _____

IMPORTANT CHECK LIST

ENCLOSE RESIDENT'S CURRENT PROOF OF RESIDENCY, LETTER FROM RESIDENT'S DOCTOR. COPY OF NON-RESIDENT'S INSURANCE CERTIFICATE, AND APPROPRIATE FEE.

Unsigned / Incomplete applications will be returned.

FOR OFFICE USE ONLY

Checked by _____ Amount Due
€_____ Permit No._____ Zone No.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

1. **Resident/Applicant** must submit a copy of a current (i.e. dated within the last 3 months) proof of residency showing your name and address, i.e. utility bills, financial statements, tenancy agreement or other documentation, (ESB, Bord Gais, eircom, NTL Bill/Bank, Credit Card, Credit Union Statement) acceptable to the Council, (Non-domestic bills and mobile phone bills are not acceptable to the City Council)
2. Letter of confirmation from the resident's doctor that the resident requires ongoing daily care due to a chronic illness.
3. **Carer** must submit a copy of current **Insurance Certificate** in their name with their vehicle registration number. If the vehicle is registered in the name of a company you must supply a copy of the current insurance certificate for the vehicle **AND** a letter from the company stating that you are employed by them and that you have habitual use of the vehicle.
4. €10 fee to be paid after your application has been approved (fee applies for 1 permit or maximum of 2 permits and/or change of vehicle).
   Do not forward cash by post. Cheques/Postal Orders should be made payable to Galway City Council.
   Alternatively you can call into our public offices to pay in person.

Galway City Council Parking Control Bye-Laws 2009

(can be viewed on the council's website www.galwaycity.ie)

A "**Resident"** is defined as "a person who satisfies the Council that his /her normal residence is at premises situated in a street in a residential parking permit zone".

A "**Carer"** is a person who is providing care to a Resident who requires on-going daily care of a chronic illness.

A "**Carer's Parking Permit**" means a parking permit which relates to a particular residential parking permit zone or zones and to a period which has not expired and which is issued by Galway City Council in whose functional area the vehicle on which the permit is displayed is parked:

Conditions:

1. A maximum of two Carers' parking permits may be issued by the City Council to a resident for non-resident family member(s)/nominated person(s)/carer(s) who act as voluntary carers for a resident whose normal dwelling place is in a ticket parking place and who requires on-going daily care for a chronic illness.
2. The display of a valid parking permit, as specified in the Parking Control Bye-Laws, is the responsibility of the applicant.
3. A non-resident family member(s)/nominated person(s)/carer(s) parking permit shall be valid for a period of one year from the date of issue.
4. A non-resident family member(s)/nominated person(s)/carer(s) parking permit shall be issued in respect of the residential parking permit area(s) in which the normal place of residence of the person requiring care is situated and one other such adjacent zone, as the case may be.
5. The issue of permits shall be at the discretion of the Council.
6. The renewal of the parking permit shall be the sole responsibility of the holder of a parking permit i.e. carer.
7. The Carer's parking permit must be renewed within the renewal period, which ends 28 days after the expiry date of the existing permit. A subsequent request for renewal will be dealt with as a new application, possibly affecting eligibility. Fixed charge notices issued 28 days after the expiry of a permit will be valid.
8. If you replace the vehicle to which the permit relates, you must return the permit to the Council and apply for a new permit submitting relevant documentation for the new vehicle and payment of the appropriate fee.
9. Where, during the period to which the Carer's permit relates, the resident to whom it is issued ceases to reside at the address specified, the permit shall be returned to the City Council forthwith.
10. Galway City Council will cancel and withdraw or refuse to renew any carer's parking permit where it establishes that the permit holder has obtained the permit by inaccurate information or documentation being supplied.
11. Please note, in the case of rented property, the property must be registered in accordance with the Housing (Regulation of Rented Houses) Regulations, 1996 and the Residential Tenancies Act 2004.
12. Possession of a carer's parking permit does not guarantee the holder a parking space at all times on the permit parking road/s.
13. Parking spaces on your street are not reserved. They can be used by anyone. This includes fixed-term Pay and Display ticket holders.

Please note your permit will be posted to the resident's address as stated on this application form

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FORM TO BE COMPLETED BY DOCTOR

Patient's Name: _____

Patient's Address: _____

_____

_____

Does this person require ongoing daily care? : _____

Doctor's Signature : _____ **Doctor's Stamp**

Doctor's Name: _____

Doctor's Address: _____

_____

_____

_____