



CORK CITY COUNCIL
COMHAIRLE CATHRACH CHORCAÍ

CASH OFFICE USE ONLY – i2514:

COST OF PERMIT: € _____



PLEASE ATTACH RECEIPT COPY TO FORM FOR
PARKING SECTION, ROOM 335 CITY HALL.

Operations Directorate

Parking Section

PARKING BAY PERMIT (INCLUDING WORK & SKIP PERMIT – I2514) – Aug 2021

PLEASE INDICATE THE TYPE OF PERMIT YOU ARE APPLYING FOR:

WORK PERMIT FOR A COMMERCIALY TAXED VEHICLE:

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SKIP PLACEMENT IN PARKING BAY PERMIT:

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ALL APPLICANTS TO COMPLETE THIS SECTION:

**ONLY COMPLETE SECTION BELOW IF APPLYING FOR
WORK PERMIT FOR A COMMERCIALY TAXED VEHICLE**

NAME: _____

PHONE: _____

EMAIL: _____

DATES SOUGHT FOR PERMIT:

FROM: _____ **TO:** _____

TOTAL AMOUNT OF DAYS: _____

STREET/ROAD APPLYING FOR:

REG: _____

MAKE & MODEL: _____

COLOUR: _____

**IS THE VEHICLE COMMERCIALY
TAXED?**

YES

☐

NO

☐

OFFICE USE: 1. Email Customer _____ 2. Email Wardens _____ 3. Update Tracker _____

Authorisation Code _____ **Receipt Number** _____