

**Comhairle Contae MhaighEo**  
**MAYO COUNTY COUNCIL**

Aras as Chontae, Caislean an  
Bharraigh, Contae Mhaigh  
Eo  
094 90 24444  
E-mail [www.mayo.coco.ie](http://www.mayo.coco.ie)

**Application Form to place a Skip on a public Road or Footpath**

Applicants Name: \_\_\_\_\_

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

Skip Operator's Waste Collection Permit No: \_\_\_\_\_

Designated Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Hirer: \_\_\_\_\_

Address of Hirer: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Skip: (road / street name)
Location of Waste: (house no. / shop name)
Proposed dates of skip placement: From: Date: _____ To: Date: _____

**Please tick appropriate boxes**

<b>Area to be affected: Size of Skip:</b>	
Footpath	Loading Bay
Carriageway	Yellow Lines
Paid Parking: If Parking spaces are required state No. _____	
Other (specify): _____	

**NB:** If skip is being placed in an area other than paid parking or loading bay, please attach drawing/sketch showing location of skip.

**I Hereby apply for a licence to place a skip on the public road at the location specified above. I agree to be bound by the general conditions as specified and any specific conditions imposed by Mayo County Council. I agree to comply with Section 72 of the RoadsAct 1993.**

**I shall be solely liable for and shall indemnify Mayo County Council from and against all claims in respect of injury or damage to persons or property that may be occasioned in connection with or arising out of this application and/or the activities associated with or arising therefrom and against all actions or proceedings that may at any time be brought against Mayo County Council in consequence of such injury or damage and against all costs, expenses and liability connected therewith.**

Designated Contact Person/Co-ordinator of Safety and Health on site: \_\_\_\_\_  
(BLOCK CAPITALS)

Mobile Tel. No. \_\_\_\_\_ Tel.No. Night \_\_\_\_\_

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

NAME: (BLOCK CAPITALS) \_\_\_\_\_

**Documents to be submitted with Application Form – Please see overleaf**

FOR OFFICE USE ONLY

Public Liability Policy: _____	Expiry Date: _____	Fee Due € _____
Licence No. _____		
Licence Issue Date: _____		Expiry Date: _____
Issued by: _____		
Date: _____		

**DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM**

1. A copy of contractors **Public Liability Insurance** (indemnity up to €6.5m) indemnifying Mayo County Council.
2. Copy of Waste Collection Permit number under the Waste Management Act, 1996 as amended.
3. Licence Fee - (i) €10.00 per day (or part thereof) per 5 metres of road/footpath space  
(ii) €20.00 per day (or part thereof) per parking space/bay where the skip is placed in a Pay and Display parking area or other specified area.

**Payments may be made by Debit Card, or Credit Card. Do not forward cash by post. Cheques/Postal Orders should be made payable to Mayo County Council. Alternatively you can visit our public offices to pay in person.**

Drawing/Sketch:

