



**CORK CITY COUNCIL  
COMHAIRLE CATHRACH CHORCAÍ**

Operations Directorate  
Tel: 021 4924151/4924409/4924295

Parking Division  
email: [parkingpermits@corkcity.ie](mailto:parkingpermits@corkcity.ie)

**OFFICIAL USE ONLY:**

Customer ID: \_\_\_\_\_

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

**Application Form for a Family Carer's Permit** (May 2021)

**YOU MAY APPLY FOR THIS PERMIT ONLINE ON THE CORK CITY COUNCIL WEBSITE**

**[HTTPS://WWW.CORKCITY.IE/EN/COUNCIL-SERVICES/SERVICES/PARKING-SERVICES/APPLY-ONLINE/](https://www.corkcity.ie/en/council-services/services/parking-services/apply-online/)**

**PLEASE COMPLETE IN BLOCK CAPITALS**

**(A) Applicant Details (Person requiring the Care):**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Contact No: \_\_\_\_\_

\_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

- Is this premises a Rented Property? Yes  No
- Is this premises fully domestic? Yes  No
- Is off-street parking available at the above address? Yes  No
- Is the above address your normal place of Residence? Yes  No

How long have you lived at the above address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you require daily care? Yes  No

**(b) Carer's Details**

**Carer 1**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_ Email address: \_\_\_\_\_

Please state relationship to Resident: \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

**Carer 2**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_ Email address: \_\_\_\_\_

Please state relationship to Resident: \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

**Carer 3**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_ Email address: \_\_\_\_\_

Please state relationship to Resident: \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

**Carer 4**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_ Email address: \_\_\_\_\_

Please state relationship to Resident: \_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

**Please note:**

You May Apply for this Permit on the Cork City Council website: <https://www.corkcity.ie/en/council-services/services/parking-services/apply-online>

- A Fee of €20.00 applies to Family Carer Permits. – Permit will be valid for 1 year.
- Special Permits are only issued to Family Members. A family member includes **father, mother, brother, sister, son, daughter, uncle, aunt, niece or nephew etc.**

- The maximum number of vehicles covered under a family carer’s permit is 4
- The maximum number of permits issued to any household is 4 (including Family Carers permit).
- A further application must be made if your residence or vehicle is changed.
- Medical Report must be completed in order to be considered for a Carer’s Permit.
- Cork City Council reserves the right to terminate a permit if deemed necessary due to insufficient documentation, failure to provide further information requested, ineligibility for permit, etc.
- Cork City Council reserves the right to request whatever further information is required to evaluate the eligibility of applications.

***Please send Postal Applications to: Residents Permits, Transportation Division, Room 335, City Hall, Anglesea Street, Cork T12 T997. Payment by cheque, bank draft or postal order is acceptable (made payable to Cork City Council). DO NOT ENCLOSE A CASH PAYMENT WITH YOUR APPLICATION.***

**I \_\_\_\_\_ (INSERT NAME) of the above address confirm and solemnly declare that the information provided on this application form is correct and true, I further declare that the above address is my principal place of residence and I am currently residing at this address.**

**Signed: \_\_\_\_\_  
(Signature of Person requiring Care)**

**Date: \_\_\_\_\_**

*“Cork City Council is committed to fulfilling its obligations imposed by the Data Protection Acts 1988 to 2018 and the GDPR. Our privacy statement and data protection policy is available at <http://www.corkcity.ie/services/corporateandexternalaffairs/dataprotection/>. We request that you read these as they contain important information about how we process personal data that is supplied to us”.*



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**MEDICAL REPORT SPECIAL PERMIT APPLICATION**  
**TO BE COMPLETED BY DOCTOR**

**Patients Name:** \_\_\_\_\_

**Patients Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief Description of Illness:** \_\_\_\_\_  
\_\_\_\_\_

**Does the above person suffer from a chronic illness?      Yes/No (Please circle as appropriate)**

**Does the above person require ongoing daily care?      Yes/No (Please circle as appropriate)**

**Doctor's Comments (If applicable)**

**Doctor's Signature:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_  
\_\_\_\_\_

**N.B. Original Medical Reports can only be accepted by staff**

**DOCTOR'S STAMP**

**DATE:** \_\_\_\_\_

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Guidelines accompanying the Application Form for a Resident's Parking Disc

You May Apply for this Permit on the Cork City Council website: <https://www.corkcity.ie/en/council-services/services/parking-services/apply-online>

When submitting the parking permit application form please ensure that you have all of the required documentation, as incomplete applications will be returned to the applicant.  
**The permit will not be processed unless all documentation is received in full.**

**Applicant – Documentation Required:**

1. Completed Application Form (This form must be completed in full and signed)
2. A **photocopy** of a **Domestic Bill** or Bank Statement/Credit Card Statement. This document must be **dated within the last 3 months** in the Applicant's name & for the address for which the permit is being sought. Examples of documents acceptable are as follows: **Electrical/Gas Bill, landline phone bill, bank statements including visa & credit union. Official Correspondence from Revenue, Social Welfare provided they are dated within the last three months and at the address for which the permit is being sought - Mobile phone bills are not acceptable.**
3. **Medical Report** attached to be completed in full by Doctor.
4. Payment of €20.00 to accompany application, Cheques should be made payable to Cork City Council.  
**PLEASE DO NOT SEND CASH IN THE POST.**

**Family Carer – Documentation Required:**

1. A **photocopy** of the **Vehicle Licensing Certificate / Log Book** for the person(s) providing the care.
2. A **photocopy** of the **Carer's current Vehicle Insurance Certificate**. Please note only certificates are acceptable – Insurance Schedules, letters or discs will not be accepted.

**Please Note:**

- **Termination of Permit**  
Cork City Council reserves the right to terminate a permit/permit application if deemed necessary due to insufficient documentation, failure to provide further information requested, ineligibility for permit etc.
- Cork City Council reserves the right to request whatever further information is required to evaluate the eligibility of applications.
- The Renewal of a permit is the responsibility of the Permit Holder.

- **Please allow 5 working days for the processing of your application.**
- All applications may be required to provide a letter of confirmation from Cork City Council's Rates Section that the premises has a domestic rating. If the premises are partially commercial/non-residential, the premises may be inspected to confirm adequate residential accommodation is provided within the premises.
- 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 Cork City Council for the purpose of audit inspection by both the Local Government Auditor and the City Council's Internal Auditor for a period of no longer than 2 ½ years.

**Restrictions to Multi-Dwelling Buildings:**

Restrictions apply to multi-dwelling buildings. Site investigations may be required. The guidelines for multi-purpose dwellings state the following:

All residents who are the owner of a vehicle and live in a parking zone are eligible to apply for a residents parking permit with the following exceptions:

- Residents of a purpose built apartment building/block where off street parking has been constructed as part of the development will not be eligible for a residents permit.
- Residents of a purpose built/converted apartment building/block where development of the complex was completed after March 2004 will not be eligible for a residents permit.

**Postal Applications:**

*Please send Postal Applications to: Cork City Council, Transportation Division – Residents Permits, Room 335, City Hall, Cork T12 T997. Payment by cheque, bank draft or postal order is acceptable (made payable to Cork City Council). **Do not enclose a cash payment with your application.***

**FOR OFFICIAL USE ONLY – ADDITIONAL INFORMATION:**

Customer ID: \_\_\_\_\_

