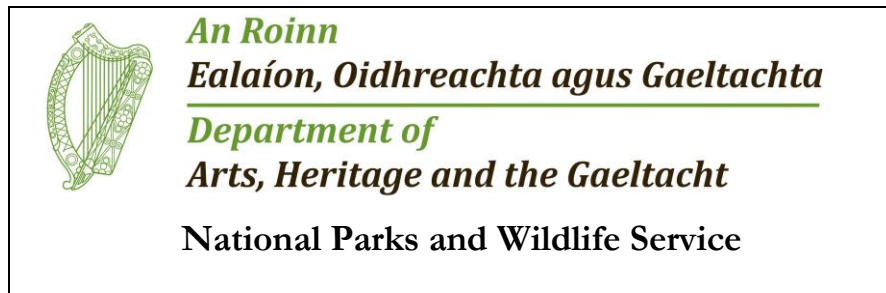


Location:
Permission / Permit To:
Permitted Activity:
Period of Permission:

Ballycroy National Park
Lagduff More
Ballycroy
Westport
Co Mayo
Tel: 098 49996
Fax: 076 100 2527



Permit

Location: **Ballycroy National Park**

Permission / Permit to:

Contact Name and details:

Permitted Activity : **Lighting camp fire within National Park**

Period of Permission:

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Permission is granted subject to the following standard conditions:

1. The applicant shall indemnify Ireland and the Minister for Arts, Heritage and the Gaeltacht, his/her agents and assigns, against any claims for loss or damage to property, or injury to persons, arising howsoever as results of the acts or omissions by the applicant arising from the granting of this permission.
2. All instructions of the Minister, or persons acting on his/her behalf are complied with.
3. The applicant shall make good, or pay the cost of making good, any damage to property arising out of the use of this permit.
4. No structure, or installation may be constructed or installed without the written permission of Ballycroy National Park.
5. This permit does not give exclusive use of the site (*Ballycroy National Park is used by other groups, licensees and right-holders*).

Location: Ballycroy National Park
Permission / Permit To: Lagduff More
Permitted Activity: Ballycroy
Period of Permission: Westport Tel: 098 49996
Co Mayo Fax: 076 100 2527

6. The permit holder will ensure that all of their agents and assigns are informed that they are in a National Park and must ensure that they do not leave litter. (*Litter includes biodegradable waste*).
7. The District office is contacted at 098 49996 in the case of any notable incidents occurring during the event, e.g. accidents, etc
8. Ballycroy National Park is acknowledged in any public communication resulting from your activities in the National Park.
9. Additional special conditions:

I (name in block capitals) _____ agree to abide by the above conditions

Signed: _____ On behalf of _____

Date: _____

Witnessed: _____ (signature)

Witness's

Name and Address (block capitals please)

Please sign on behalf of _____ (applicant)

And return by post to Ballycroy National Park, Lagduff More, Ballycroy, Westport, Co. Mayo or by hand for signature and issue

Location: Ballycroy National Park
Permission / Permit To: Lagduff More
Permitted Activity: Ballycroy
Period of Permission: Westport Tel: 098 49996
Co Mayo Fax: 076 100 2527

Permit issued on: _____ (date)

By: _____ On behalf of Ballycroy National Park

Please ensure that the conditions of this permit are conveyed to the person in charge of the activity, for compliance. Ballycroy National Park reserves the right to conduct spot checks to ensure that the agreed conditions are observed.