

COMHAIRLE CHONTAE SHLIGIGH
(SLIGO COUNTY COUNCIL)

TAKING RESIDENTIAL DEVELOPMENT IN CHARGE ~ APPLICATION FORM

1. Name of estate:

2. Developer's Name:

Address:

3. Name of Agent:

Agent's Address:

4. Planning Reference No:

(all relevant Planning References to be included)

5. Commencement Date
of Development:

6. Area of Development:

7. No of Houses:

8. Length / Width of Footpaths:

Length _____ metres; Width _____ metres

Construction Details:

9. Length / Width of Roadways:

Length _____ metres; Width _____ metres

Construction Details:

Sub-base _____

Road-base _____

Wearing course _____

10. No of Public Lights:

Height _____; Lantern Type _____

ESB A/C No. _____ MPRN No (meter No. _____

11. No of Hydrants:

_____; No of Marker Plates _____

12. As constructed drawings:

Completed by (Name):

Qualification:

I hereby apply to have the above named development taken in charge by Sligo County Council.

Signed:

Applicant

Date:

COMHAIRLE CHONTAE SHLIGIGH
(SLIGO COUNTY COUNCIL)

Form No 1 - Certificate

Name of estate: _____

Planning Reference Numbers: _____

This is to certify that: -

This is to certify that the development complies with the grant of permission and that the development has been carried out in accordance with the "Recommendations for Site Development Works for Housing Areas" (Department of the Environment, Local Government & Heritage 1998) subject to such amendments as have been approved by Sligo County Council.

Signature: _____

Date: _____

Professional Qualifications: _____

Professional Indemnity Insurance Policy No: _____

COMHAIRLE CHONTAE SHLIGIGH
(SLIGO COUNTY COUNCIL)

Form No 2 – Certificate

Name of estate: _____

Planning Reference Numbers: _____

This is to certify that: -

Water supply pipes have been tested and sterilised to the requirements of Clause 4. 18 of "Site Developments Works for Housing Areas" published by The Department of Environment and Local Government.

Type of test: _____

Was test witnessed by any member of Sligo County Council staff? _____

Name of SCC staff member? _____

Signature: _____

Date: _____

Professional Qualifications: _____

Professional Indemnity Insurance Policy No: _____

COMHAIRLE CHONTAE SHLIGIGH
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Form No 3 - Certificate

Name of estate: _____

Planning Reference Numbers: _____

Electrical Certificate Number: _____

This is to certify that: -

The Public Lighting in the above estate complies with BS 5489 and is per specification in Section 5, 'Public Lighting' in 'Recommendations for Site Development Works for Housing Areas' (Department of the Environment, Local Government & Heritage 1998).

Signature: _____

Date: _____

Professional Qualifications: _____

Professional Indemnity Insurance Policy No: _____

COMHAIRLE CHONTAE SHLIGIGH
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Form No 4 - Certificate

Name of estate: _____

Planning Reference Numbers: _____

The following are the test results showing the output in litres per minute from all fire hydrants in the residential development (as numbered on site layout map submitted).

Hydrants	1	_____
	2	_____
	3	_____
	4	_____
	5	_____
	6	_____
	7	_____
	8	_____
	9	_____
	10	_____

Signature: _____

Date: _____

Professional Qualifications: _____

Professional Indemnity Insurance Policy No: _____

**COMHAIRLE CHONTAE SHLIGIGH
(SLIGO COUNTY COUNCIL)**

Form No. 5 - Letter

Name of estate:

Address Of Estate:

This is to state that the maintenance of the above estate will be carried out by the Management Company / Residents Association (- delete as appropriate)

**Signature of
Secretary of Management Company / Residents Association:** _____
(Delete as appropriate)

Date:
