APPLICATION FORM FOR DECLARATION ON DEVELOPMENT AND EXEMPTED DEVELOPMENT
(Planning & Development Act 2000 (as amended)
(Section 5)

Address: Sligo County Council
Planning Section,
City Hall, Quay Street,
Sligo
Tel: 071 9114455 or
071 9114458
Fax: 071 9114499
E-mail: planning@sligococo.ie
Website address: www.sligococo.ie

Name of Applicant: ________________________________
(Address must be supplied at end of this form)

Description of Development/ Proposed Development for which a Declaration is Sought:
______________________________________________________________________________
______________________________________________________________________________

Location, townland or postal address of Development / Proposed Development:
______________________________________________________________________________

Interest of Applicant in Development/Proposed Development:

Owner [ ] Occupier [ ] Other [ ]
(Tick Appropriate box ✓)

If Applicant is the occupier or other please state interest in Development.
______________________________________________________________________________

Name of occupier, if different from applicant: ______________________________________
(Address to be supplied at end of this form)

If applicant is not the legal owner please state the name of the owner:
______________________________________________________________________________

Name of person / agent acting on behalf of the applicant, if any: __________________________
(Address to be supplied at end of this form)

Reason why proposed development/development is considered exempt or not:
______________________________________________________________________________

Please indicate when development was carried out (if applicable): ______________________

Documents to be included with this application form (please tick ✓)

Site location map [ ] Site layout map [ ] Floor plans & elevations Fee (€80) [ ]
Scale 1:2500 Scale 1:500

I hereby declare that the information given on this form is correct.

Applicant Signature: ________________________________ Date: ______________________
ADDITIONAL CONTACT INFORMATION
NOT TO BE MADE AVAILABLE WITH APPLICATION

Please note:
- The applicant’s address **must** be submitted on this page.
- If the applicant/agent wishes to submit additional contact information, this may be included here.
- This page will not be published as part of the Application.

1. Applicant Name:

<table>
<thead>
<tr>
<th>Address (required)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Fax No.</td>
<td></td>
</tr>
</tbody>
</table>

2. Occupier if different from applicant:

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
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<tr>
<td>Email Address (if any)</td>
<td></td>
</tr>
<tr>
<td>Fax No. (if any)</td>
<td></td>
</tr>
</tbody>
</table>

3. Owner (required where applicant is not the owner):

<table>
<thead>
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</tr>
<tr>
<td>Fax No. (if any)</td>
<td></td>
</tr>
</tbody>
</table>

4. Person/Agent acting on behalf of the Applicant (if any):

<table>
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</table>

Should all correspondence be sent to the above address? (please tick appropriate box ✓)
(Please note that if the answer is ‘No’, all correspondence will be sent to the Applicant’s address)

Yes [ ] No [ ]