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| **VACANT PROPERTY GRANT ALLOWANCE SCHEME APPLICATION FORM 2023**  **Year Ending 31st December 2023** |

**TO BE COMPLETED BY APPLICANT**

|  |  |  |  |  |  |
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| **Applicant Details (IN BLOCK CAPITALS)** | | | | | |
| Owner/Occupier Name: | | Rate No:  (as per Rates Demand) | | |  |
| Correspondence Address (incl. Eircode): | | LAID Number: | | |  |
| VO Number: | | |  |
| Property Address (Incl. Eircode): | | | |
| Tel No: | |
| Email: | |
| **VACANCY DECLARATION** | | | | | |
| **Period of Vacancy (please tick which applies A or B)**  **(Vacant commercial properties for sale do not qualify)** | | | | | |
| **A FULL** YEAR (please tick ) | | | | | |
| **B PARTIAL** YEAR  From day of 2023 to day of 2023 (if occupied during year) | | | | | |
| As the owner / occupier of this vacant commercial property, I make this solemn declaration for the satisfaction of Sligo County Council, conscientiously believing the same to be true and by virtue of the Statutory Declaration Act, 1938. | | | | | |
| Signature of Applicant: | | Date: | | | |
| ***Declared before me by the Applicant who is known to me personally:*** | | | | | |
| Signature of  Witness\* | | Date: | | | |
| \* (Peace Commissioner / Commissioner for Oaths/Solicitor) | | | | | |
| |  |  |  | | --- | --- | --- | | **Applicant Checklist:** | **Yes** | **No** | | The property was vacant on the Date of Making of the rate – 2nd March 2023 |  |  | | Proof that the property is / was available for letting e.g. Letting Agents letter or other advertisements, if applicable |  |  | | Proof that the property was vacant to allow for repairs, if applicable |  |  | | Proof that the property is maintained to a level that would allow its use for commercial purposes i.e. Photographs showing external and internal images of the property. |  |  | | Signed and Witnessed Vacancy Declaration |  |  | | Applicable vacant property Payment |  |  |   Completed Forms with supporting documentation must be returned by email or post to:  [**Rates@sligococo.ie**](mailto:Rates@sligococo.ie) **or Rates Department, Finance Section, Sligo County Council, County Hall, Riverside, Sligo, F91 Y763.**  **Please note that Incomplete applications will be returned.** | | | | | |
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| **For Office Use Only:** | | | | | | |
| Rates Due: | % Allowance: | | | 70% / 60% / 50% | | |
| Full Year: | Partial Year: | | | Remarks: | | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rates Collector | | | Date: | | | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administrative Officer | | | Date: | | | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of Finance | | | Date: | | | |