



SLIGO COUNTY COUNCIL
Comhairle Chontae Shligigh

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:

(Address must be supplied at end of this form)

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- This page will not be published as part of the Application.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:	
<i>Address (required)</i>	
<i>Telephone No.</i>	
<i>Email Address</i>	
<i>Fax No.</i>	

2. Occupier if different from applicant:	
<i>Address: (required)</i>	
<i>Telephone No.</i>	
<i>Email Address (if any)</i>	
<i>Fax No. (if any)</i>	

3. Owner (required where applicant is not the owner):	
<i>Address: (required)</i>	
<i>Telephone No.</i>	
<i>Email Address (if any)</i>	
<i>Fax No. (if any)</i>	

4. Person/Agent acting on behalf of the Applicant (if any):	
<i>Address: (required)</i>	
<i>Telephone No.</i>	
<i>Email Address (if any)</i>	
<i>Fax No. (if any)</i>	

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 []