

**COMHAIRLE CHONTAE LIATROMA
LEITRIM COUNTY COUNCIL**

PLANNING SECTION LEITRIM COUNTY COUNCIL
Rec 26.06.25
ED-25-29
REF P. _____



**Declaration Regarding Development / Exempted Development
(Section 5 of Planning & Development Acts 2000 As Amended)**

APPLICATION FORM

Please note: A fee of €80.00 must accompany this form

1. Name of person seeking declaration [Applicant] CATHY Mc VEIGH
2. Postal Address of Property /Site or Building to which the declaration sought relates
Cordiver, Via Ballyshannon, County Leitrim
3. Applicant's legal interest in the land or structure. [Give details] _The applicant is the owner of the property.
4. State whether or not the applicant is the owner of the property in question [Yes] or [No] and if {No} please provide the information under item 11 at the end of this form YES
5. State if owner / occupiers are aware of the current application for Declaration under S 5 of the Act [Y]
6. Type of declaration sought
 - a. That the proposal is or is not development within the Act [Yes] and if {yes}
 - b. That the development is or is not Exempt development Yes
7. Provide full description of the question /matter / subject which arises wherein a declaration on the question is sought?_

Under Class 14 (f) of Schedule 2, Planning and Development Regulations (2001) (as amended)

Class 14(f) of Schedule 2 of the Planning and Development Regulations (2001) (as amended) in Leitrim pertains to the change of use of a building from a house to a residence for a limited number of people with intellectual or physical disabilities, or mental illness, along with resident carers. The regulations specify that the number of residents cannot exceed six, and the number of resident carers cannot exceed two.

Permission is sought for a change of use from existing residence, for the use as a residence /respite facility for persons with an intellectual or physical disability or mental illness and persons providing care for such persons, as exempted development under the above act as amended.

Conditions and limitation shall apply and include:

The number of persons with an intellectual or physical disability or mental illness living in or using the proposed residence/facility shall not exceed 6 persons and the number of carers shall not exceed 2 persons.

This proposed facility shall provide much needed respite for people with an intellectual or physical disability or mental illness living in the local area and their families. The residence meets all the requirements and needs of such persons and their families.

Signature: _____

Date: _____

{The applicant is advised to set out the matter on which the declaration is sought, as comprehensively as possible and should use additional material / pages, if necessary, to give as full account as possible of this matter. A site map to a scale of not less than 1:2500 based on the Ordnance Survey map for the area, shall be provided to identify the lands in question.}

Additional accompanying documentation provided[Yes]

The applicant is advised that notwithstanding the completion of the above application form, that the planning authority may require the applicant to submit further information with regard to the request in order to enable the authority to issue the declaration on the question.

The applicant is also advised that the Authority may also request other persons, other than the applicant to submit information on the question which has arisen and on which the declaration is sought.

FOR OFFICE USE ONLY

Date Received..... Fee of €80.00 Paid. [Yes] / [No]

Date acknowledged..... Reference No.: -ED- _____

Decision:.....

Date declaration made.....

M.O. No.....

APPLICATION FORM : ADDITIONAL CONTACT INFORMATION :

See next page, which must be completed.

APPLICATION FORM continued:**ADDITIONAL CONTACT INFORMATION****NOT TO BE MADE AVAILABLE TO THE GENERAL PUBLIC 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 planning file.

8. Applicant:

<i>Address (Required)</i>	
<i>Telephone No.(optional)</i>	
<i>Email Address (if any)</i>	
<i>Fax No.(if any)</i>	

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

<i>Name and Address</i>	
<i>Telephone No.(optional)</i>	
<i>Email Address (if any)</i>	
<i>Fax No. (if any)</i>	
Should all correspondence be sent to the Agent's address? (please tick appropriate box) (Please note that if the answer is 'No', all correspondence will be sent to the Applicant's address) Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. Person responsible for preparation of any Drawings and Plans accompanying the application:

<i>Name and Address</i>	Steven Quinn design East port Ballyshannon Co. Donegal
<i>Telephone No.(optional)</i>	
<i>Email Address (if any)</i>	stevenquinndesign@gmail.com
<i>Fax No. (if any)</i>	

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

<i>Name of Owner (Required)</i>	
<i>Address (required)</i>	

<i>Telephone No. (optional)</i>	
<i>Email Address (if any)</i>	