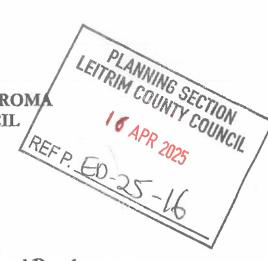
COMHAIRLE CHONTAE LIATROM LEITRIM COUNTY COUNCIL





Declaration Regarding Development / Exempted Development (Section 5 of Planning & Development Acts 2000-2020)

APPLICATION FORM

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

1.	Name of person seeking declaration [Applicant] JAMES MITCHELL-AISLING BRENNAN,
2.	Postal Address of Property /Site or Building to which the declaration sought relates
	ANNAGHMACULLEN, CLOONE, CO LEITRIM.
3	Applicant's legal interest in the land or structure. [Give details]
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
5	State if owner / occupiers are aware of the current application for Declaration under S 5 of the Act [Y] / [N]
6	Type of declaration sought a. That the proposal is or is not development within the Act [Yes] or [No] and if {yes} b. That the development is or is not Exempt development [Yes] or [No]
7	Provide full description of the question /matter / subject which arises wherein a declaration on the question is sought?
P	ROPOSED SINGLE STOREY EXTENSION TO REAR OF
G	EXISTING VACANT DWECKING COMPRISING
K	SITCHEN, UTILITY & SHOWER ROOM, AREA 39HZ
Ţ	PORCH EXTENSION AREA ZHZ
P	OTH EXTENSIONS EXEMPTED DEVELOPMENT

Signature: Date: 08 04 7025.
{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] / [No]
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
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: <u>ADDITIONAL CONTACT INFORMATION</u> 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:	
Address (Required)	
Telephone No. (optional)	
Email Address (if any)	
Fax No.(if any)	
9. Person/Agent acting o	n behalf of the Applicant (if any):
Name and Address	SHITH ASSOC FRONTS - SURDOYORS DEANGELY STREET, BELTURBET, CO. CAUAN
Telephone No. (optional)	0499522444.
Email Address (if any)	INFO @ NSAA.IE
Fax No. (if any)	
(Please note that if the answ Yes No	wer is 'No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the
(Please note that if the answ Yes No 10. Person responsible for application:	wer is 'No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the
(Please note that if the answ Yes No 10. Person responsible for application:	wer is 'No', all correspondence will be sent to the Applicant's address)
(Please note that if the answ Yes No 10. Person responsible for application: Name and Address	wer is No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the
(Please note that if the answ Yes No 10. Person responsible for application: Name and Address Telephone No. (optional)	wer is No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the
(Please note that if the answ Yes No	wer is No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the
(Please note that if the answers No. 10. Person responsible for application: Name and Address Telephone No. (optional) Email Address (if any) Fax No. (if any)	wer is No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the
(Please note that if the answ Yes No 10. Person responsible for application: Name and Address Telephone No. (optional) Email Address (if any) Fax No. (if any)	wer is No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the SMITH ASSOC. ARCHITS - SURVEYORS AS PRESSUE.
(Please note that if the answ Yes No 10. Person responsible for application: Name and Address Telephone No. (optional) Email Address (if any) Fax No. (if any) 11. Owner (required whe	wer is No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the SMITH ASSOC. ARCHITS - SURVEYORS AS PRESSUE.
(Please note that if the answers Yes No 10. Person responsible for application: Name and Address Telephone No. (optional) Email Address (if any) Fax No. (if any) 11. Owner (required when Name of Owner (Required)	wer is No', all correspondence will be sent to the Applicant's address) or preparation of any Drawings and Plans accompanying the SMITH ASSOC. ARCHITS - SURVEYORS AS ABSOC.