

COMHAIRLE CHONTAE LIATROMA
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

ANNAGH MACULLEN, CLOONE, CO LEITRIM.

3. Applicant's legal interest in the land or structure. [Give details]

OWNERS

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?

PROPOSED SINGLE STOREY EXTENSION TO REAR OF
EXISTING VACANT DWELLING COMPRISING,
KITCHEN, UTILITY & SHOWER ROOMS. AREA 39M²
PORCH EXTENSION AREA 2M²
BOTH EXTENSIONS EXEMPTED DEVELOPMENT

Signature: NEWitt Date: 08/04/2025

{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..... 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:

Address (Required)	
Telephone No. (optional)	
Email Address (if any)	
Fax No. (if any)	

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

Name and Address	SMITH ASSOC ARCHTS - SURVEYORS DEANERY STREET, BELTURBET, CO. CAVAN
Telephone No. (optional)	049 95 22444.
Email Address (if any)	info@NSAVA.ie
Fax No. (if any)	

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 ☒ No ☐

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

Name and Address	SMITH ASSOC. ARCHTS - SURVEYORS AS ABOVE.
Telephone No. (optional)	
Email Address (if any)	
Fax No. (if any)	

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

Name of Owner (Required)	
Address (required)	
Telephone No. (optional)	
Email Address (if any)	