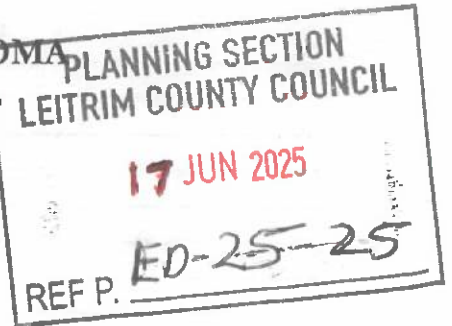


COMHAIRLE CHONTAE LIATHROMA  
LEITRIM COUNTY COUNCIL



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] BARBOUR REGAN.
2. Postal Address of Property /Site or Building to which the declaration sought relates  
Cloone Kinlough Co Leitrim
3. Applicant's legal interest in the land or structure. [Give details] OWNER
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?  
STABLES Built in 2008 on my land  
and Hay shed. At back of them I am  
looking to get exemption certificate  
for same as I am thinking  
of selling 6 acres of land with the  
stable + hay shed and going along with  
the land my solicitor has asked  
me to get exemption cert.  
I have included a map of the  
land with a small X showing the  
Building that I need the cert for

Regards B. Regan



**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- This page will not be published as part of the planning file.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)	BARBOUR REGAN. KIMLOUGH CO LEITEN
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	N/A.
Telephone No.(optional)	
Email Address (if any)	
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	
Telephone No.(optional)	
Email Address (if any)	
Fax No. (if any)	

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

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