

Áras an Chontae Cora Droma Rúisc Contae Liatroma N41 PF67

Áras an Chontae Carrick on Shannon **County Leitrim** N41 PF67

Declaration Regarding Development / Exempted Development (Section 5 of Planning & Development Acts 2000,

HANG SECTION M COUNTY COUNCIL

APPLICATION FORM

1. Name of person seeking declaration [Applicant] MEL GAVIN

2. Postal Address of Property /Site or Building to which the declaration sought relates

MULLANASKEAGH, DROMAHAIR, CO. LEITRIM, F91 CD98

- Applicant's legal interest in the land or structure. [Give details] REGISTERED OWNER
- 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
- State if owner / occupiers are aware of the current application for Declaration under S 5 of the
- Type of declaration sought 6
 - That the proposal is development within the Act [Yes] and if {yes}
 - b. That the development is Exempt development [Yes]
- Provide full description of the question /matter / subject which arises wherein a declaration on

The proposal includes 2 elements:

- 1. Removal of leaking small flat roof and recover by extending adjacent pitched roof:
 - a. The flat roof is approx. 2.5m x 3.5m and is not visible from the public road due to outbuildings on front - see Google street view image
 - b. Existing adjacent pitched roof is being recovered with a standing seam system suitable for the 15 deg pitch which will be maintained. The current slates are in need of replacement, and the pitch is not suitable for slates. This treatment will be extended to cover the removed flat roof area. See Dwgs AMC-FF-001, AMC-FF-002, AMC-Elev-A-001, AMC-

Phone: 071 96 20005

Email: customerservices@leitrimcoco.ie

Follow: f X @ in

2. Construct a ground floor extension to the rear of the property:

- a. The extension will serve as a small bathroom, with waste piped to the existing septic tank system. The extension is ground floor only and the total ground footprint area is 6.1m2. Internal floor area is 4.5m2.
- b. See Dwgs AMC-GF-001, AMC-GF-002, AMC-AA-001, AMC-AA-002.

Sionature:



Date: 06/10/2025

To give as full account as possible of this matter, the applicant is advised to set out the matter on which the declaration is sought, as comprehensively as possible.

Please submit the following with this application:

- A fee of €80.00
- 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
- A site layout map
- Dimension drawings
- A photo / sketch of your proposal

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

Fee of €80.00 Paid. [Yes] / [No]

Decision: Development is not Exempt Development

E.O. No and date: 25/MQ/427 28/10/2025

ADDITIONAL CONTACT INFORMATION NOT TO BE MADE AVAILABLE TO THE GENERAL PUBLIC WITH APPLICATION

| note: |
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- The applicant's address <u>must</u> 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. | A | on | li | ca | nt | |
|----|---|----|----|----|----|--|
| | | | | | | |

| Address (Required) | Mullanaskeagh, Dromahair. Co. Leitrim, F91CD98 |
|--|--|
| Telephone No.(optional) Email Address (if any) Fax No.(if any) | |

| Fax No.(if any) | - x |
|---------------------------|--|
| | |
| 9. Person/Agent acting or | n 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 | ce be sent to the Agent's address? (please tick appropriate box) |
| | wer is 'No', all correspondence will be sent to the Applicant's address) |
| 2 22 | f] |
| Yes [] No | |
| | or preparation of any Drawings and Plans accompanying the |
| application: | |
| Name and Address | Mel Gavin (the Applicant) |
| | |
| Telephone No.(optional) | |
| Email Address (if any) | |
| Fax No. (if any) | Christian Christ |
| 11 Owner (required whe | ere applicant is not the owner): |
| 11. Owner (required with | applicant is not the owner). |
| Name of Owner (Required | N/A |
| Address (required) | |
| (CA) | |
| Telephone No.(optional) | |
| Email Address (if any) | |