

COMHAIRLE CHONTAE LIATROMA
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] Sheila O’Riordan (C/O Everluke ltd)
2. Postal Address of Property /Site or Building to which the declaration sought relates
River Shannon Lodge, Roosky Village, Carrick on Shannon, Leitrim. Y35 HX74
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 as per Q3 above **N/A**
5. State if owner / occupiers are aware of the current application for Declaration under S 5 of the Act [Y] / [N] . **N/A**
6. Type of declaration sought
 - a. That the proposal is or is not development within the Act [Yes] but is exempt under Class 14h
 - b. That the development is or is not Exempt development [Yes] Is exempt under Class 14h
7. Provide full description of the question /matter / subject which arises wherein a declaration on the question is sought?_____

Change of use from B&B Guest accommodation to IPAS Accommodation (*‘International protection’, for the purpose of this class, has the meaning given to it in section 2(1) of the International Protection Act 2015 (No. 66 of 2015)W*) at the River Shannon Lodge, Roosky Village, Carrick on Shannon, Leitrim. Y35 HX74_____

SIGNED  DATE 02/03/2025

{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:

<i>Address (Required)</i>	Sheila O'Riordan (C/O Everluke ltd)
<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>	James P O'Mahony BSc(Hons).arch.CEng,MCABE, MCIAT,SCSI JPO&Associates 6-9 Trinity Street D2 D02 EY47
<i>Telephone No.(optional)</i>	085 1753806
<i>Email Address (if any)</i>	jpoandassociates@gmail.com
<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 checked="" type="checkbox"/> No <input type="checkbox"/>	

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

<i>Name and Address</i>	James P O'Mahony BSc(Hons).arch.CEng,MCABE, MCIAT,SCSI JPO&Associates 6-9 Trinity Street D2 D02 EY47
<i>Telephone No.(optional)</i>	085 1753806
<i>Email Address (if any)</i>	jpoandassociates@gmail.com
<i>Fax No. (if any)</i>	

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

<i>Name of Owner (Required)</i>	____N/A_____
<i>Address (required)</i>	_____ _____ _____
<i>Telephone No.(optional)</i>	
<i>Email Address (if any)</i>	

