



26 FEB 2026  
REF P. ED-26-10

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] PATRICK & HELEN REYNOLDS
- 2. Postal Address of Property /Site or Building to which the declaration sought relates  
LISSEEGHAN, CARRICK-ON-SHANNON  
CO. LEITRIM. POSTCODE N41H6C8
- 3. Applicant's legal interest in the land or structure. [Give details] OWNERS  
(SUBJECT TO REGISTRATION)
- 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?

PROPOSAL IS TO BUILD AN EXTENSION OF 40SM  
FLOOR AREA TOGETHER WITH AN EXTENSION OF 25SM  
FOR A GARAGE/STORAGE AREA, ALL TO THE REAR  
OF THE EXISTING-HOUSE, TOGETHER WITH UPGRADING  
THE EXISTING-SEPTIC TANK.

HEIGHTS OF WALLS + ROOFLINE TO BE IN COMPLIANCE  
WITH GUIDELINES.



**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- This page will not be published as part of the planning file.

PLANNING SECTION  
LEITRIM COUNTY COUNCIL

26 FEB 2026

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**8. Applicant:**

Address (Required)	23 SHANNON LODGE CARRICK-ON-SHANNON CO. LEITRIM N41VY03
Telephone No. (optional)	086-8174532
Email Address (if any)	preynolds571@gmail.com
Fax No. (if any)	

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

Name and Address	PATRICK KEYNOLDS ADDRESS AS ABOVE
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	AS ABOVE PATRICK KEYNOLDS.
Telephone No. (optional)	
Email Address (if any)	preynolds571@gmail.com
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)	

