

Appendix I

APPLICATION FORM A

TO BE COMPLETED BY APPLICANT

For applications in Co. Longford
please return the completed application form,
along with all supporting documentation to:

heritage@longfordcoco.ie

Include: SRF 2018 [name of building] in the Email subject line

by:

TUESDAY, 30TH JANUARY 2018

PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THIS FORM

- **Application Form A** must be fully completed - incomplete applications will not be accepted
- Please **type** in the relevant information if possible
- If handwritten, please use **BLOCK CAPITALS** or ensure script is legible
- All date entries should be entered in the format **DD/MM/YYYY**
- If the structure is not presently in use, its last use must be stated in **Form A -Section 1b.**
- If the structure is protected by any legislation other than the *Planning and Development Acts* (e.g. the *National Monuments Acts*), this must be stated in **Form A -Section 1d.**
- Where planning permission has been applied for but no decision has been made, or where the decision is under appeal, state this and the date of application or appeal in **Form A -Section 1d.**
- Where notification is required under Section 12 (3) of the *National Monuments (Amendment) Act 1994* (Recorded Monuments) or under Section 5 (8) of the *Amendment Act 1987* (Register of Historic Monuments) details of the date on which the notification was sent to DCHG should be provided in **Form A-Section 1d.**
- Where Ministerial consent, under Section 14 of the *National Monuments Act 1930* (as amended), has been applied for but no decision has been made at the time of application to the SRF, state this in **Form A -Section 1d including the case reference number issued by the National Monuments Service.**
- Details of matching funding being provided by the applicant must be stated in **Form A -Section 1f.** The applicant must indicate the matching amount and the source of the matching funds
- The applicant must also indicate any grants, subsidies or assistance from statutory bodies, or sponsorship or assistance from a non-statutory source, received or being sought in **Form A -Section 1f.**
- The applicant must also indicate if they have received a determination under Section 482 of the *Taxes Consolidation Act 1997* (formerly Section 19 of the *Finance Act 1982*) in **Form A -Section 1f.**
- The applicant must indicate if they are in the process of applying for tax relief under Section 482 of the *Taxes Consolidation Act 1997* (formerly Section 19 of the *Finance Act 1982*) in **Form A -Section 1f**
- The works should follow the conservation principles set out in the Department's [Architectural Heritage Protection Guidelines for Planning Authorities \(2011\)](#) and [Advice Series](#) publications (<http://www.chg.gov.ie/heritage/heritage-publications/>)

FORM A - SECTION ONE - TO BE COMPLETED BY OWNER/APPLICANT**1a. Applicant Details (Owners)**

Owner's Name:	
Address:	
Telephone/Mobile Number:	
	Email:
Charity Number: <i>(if applicable)</i>	
Tax Reference Number together with Tax Compliance Access Number:	

1a. Applicant Details (if not owner)

Name:	
Address:	
Telephone/Mobile Number:	
	Email:
Charity Number: <i>(if applicable)</i>	
Tax Reference Number together with Tax Compliance Access Number:	
Please indicate if the consent of the owner been obtained to apply under this scheme and attach consent to this Form.	

FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**1b. Structure Details**

Name:		Address:	
Year of construction: <i>(if known)</i>			
Existing use:		Proposed use: <i>(if different)</i>	
Is this an application under the Irish Historic House in private ownership segment of the Scheme?	YES		NO

1c. Classification

	Yes or No	If yes: enter registration number	
Is the structure:	(a) a protected structure?		RPS:
	(b) a PROPOSED protected structure?		
	(c) protected under the National Monuments Acts?		
	(d) in an ACA?*		Name of ACA:
	(e) included in the NIAH?***		NIAH:

* ACA = Architectural Conservation Area ** NIAH = National Inventory of Architectural Heritage (www.buildingsofireland.ie)

1d. Statutory Notifications

	Yes or No	If yes: enter date applied/received
Do the proposed works require or have they been granted planning permission?		Date applied:
		Planning status:
		Planning Ref. No:
Do the proposed works require notification to the Minister under the National Monuments Acts?		Date of notification:
Do the proposed works require Ministerial consent or have they received consent under Section 14 of the National Monuments Act 1930 (as amended)?		Date applied:
		Date received:
		Reference No:
Do any other Statutory Requirements apply?		Details:

FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT

1e. Project Summary

	Summary	
<p>(a) Give a short description of the proposed works.</p> <p>(b) In no more than 300 words, summarise the proposed works having regard to:</p> <p>(i) The significance of the structure</p> <p>(ii) The urgency of the works</p> <p>(iii) The efficacy of the works</p>		
<p>Start and finish dates of proposed works?</p>	<p>Start:</p>	<p>Finish:</p>

FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT

1f. Expenditure in relation to proposed works

	€	(excl. VAT)	€	(incl. VAT)
Estimated Costs of Works:	€	(excl. VAT)	€	(incl. VAT)
Estimated Professional Fees:	€	(excl. VAT)	€	(incl. VAT)
Total grant sought:	€			
Amount of matching funds:	€			
Source of matching funds?				
Does Section 482 determination apply to this structure?*				
Have you applied for Section 482 tax relief?				
Is VAT recoverable?				
Have you applied for other EU/Exchequer funding/Tax Reliefs?*				
Have other EU/Exchequer funding/Tax Reliefs been received/refused? **				

* Section 482 of the Taxes Consolidation Act 1997 (formerly Section 19 of the Finance Act 1982)

** This application will be cross-checked with grant data held by other state agencies (i.e., The Heritage Council and the Department of Housing, Planning, Community and Local Government) to verify eligibility for this grant)

FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**1g. Personnel employed on the project****Conservation Professional**

Name:	Position:
Address:	
Telephone/Mobile Number:	Email:
Tax Reference Number together with Tax Compliance Access Number:	

Contractor(s)/Tradesperson(s) if known

Name:	Position:
Address:	
Telephone/Mobile Number:	Email:
Tax Reference Number together with Tax Compliance Access Number:	
Satisfactory level of subcontractor tax compliance demonstrated: <i>(if applicable)*</i>	Yes: No:

*see www.revenue.ie for further details on tax clearance procedures for contractors/subcontractors

If necessary please use separate page to complete this section

FORM A - SECTION ONE-TO BE COMPLETED BY OWNER/APPLICANT

1h. Declaration by Owner/Applicant

I, the applicant, certify that:

1. I understand and fulfil all the terms and conditions of the grant scheme
2. The information provided in the application form and supporting documents is correct and I will notify the relevant local authority if there is any change in that information
3. My tax affairs are in order
4. I understand that payment of a grant by a local authority under this scheme does not imply a warranty on the part of the authority or the Minister for Culture, Heritage and the Gaeltacht in relation to the suitability or safety of the works concerned or the state of repair or condition of all or any part of the structure concerned or its fitness for use.
5. I understand that the local authority or the Department of Culture, Heritage and the Gaeltacht may make any enquiries that it considers necessary to establish my eligibility for a grant, and that the local authority's and the Minister's decisions are final.

Applicant's Signature:

Date:
