

**COMHAIRLE CHONTAE LIATROMA  
LEITRIM COUNTY COUNCIL**



**Declaration Regarding Development / Exempted Development  
(Section 5 of Planning & Development Acts 2000-2017)**

**APPLICATION FORM**

**Please note: A fee of €80.00 must accompany this form**

1. Name of person seeking declaration [Applicant] \_\_\_\_\_
  
2. Postal Address of Property /Site or Building to which the declaration sought relates  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3 Applicant's legal interest in the land or structure. [Give details]\_\_\_\_\_
  
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?\_\_\_\_\_
  
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**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- This page will not be published as part of the planning file.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>	
<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>	
<i>Telephone No. (optional)</i>	
<i>Email Address (if any)</i>	
<i>Fax No. (if any)</i>	
<p><b>Should all correspondence be sent to the Agent's address? (please tick appropriate box)</b>          (Please note that if the answer is 'No', all correspondence will be sent to the Applicant's address)          Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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

<i>Name and Address</i>	
<i>Telephone No. (optional)</i>	
<i>Email Address (if any)</i>	
<i>Fax No. (if any)</i>	

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

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