



Comhairle Chontae An Longfoirt
Áras an Chontae,
Sráid Mhór Na hAbhann,
Longfort, N39 NH56

T 043 334 3300
E planningadmin@longfordcoco.ie

Longford County Council
County Building,
Great Water Street,
Longford, N39 NH56

W longfordcoco.ie

Application for Exemption of Development Contribution Scheme

1. Applicant Name: _____

2. Name of Agent (if any): _____

3. Location of Proposed Development: _____

4. Description of Development: _____

5. Under what section of the Planning and Development Act, 2000 as amended and Planning and Development Regulations, 2001 as amended is exemption sought (Specific details required)

6. Will the development take place within the curtilage of a dwelling house?

Please tick as appropriate: YES _____ NO _____

7. Will / Does development take place in / on a Protected Structure or within the curtilage of a Protected Structure?

Please tick as appropriate: YES _____ NO _____

7(a) If "YES", has a Declaration under Section 57 of the Planning & Development Act 2000, as amended, been requested or issued for the property by the Planning Authority?

Please tick as appropriate: YES _____ NO _____

8. Please state applicants interest in this site:

If applicant is not the owner of site, please provide name & address of owner on part 2 of the application form.

9. Are you aware of any enforcement proceedings connected to this site?

Please tick as appropriate: YES _____ NO _____

9(a) If "YES" please supply details:

10. Are you aware of any previous planning application/s on this site?

Please tick as appropriate: YES _____ NO _____

10(a) If "YES" please supply details:

SIGNED: _____

DATE: _____

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- This page will not be published as part of the planning file.

11. Applicant Address/Contact Details:

Address	
Email address	
Telephone/mobile number (optional)	

12. Agent's (if any) Address/Contact Details:

Address	
Email address	
Telephone/mobile number (optional)	

13. Address for Correspondence:

Please tick the box to indicate if correspondence is to go to the applicant or agent:

Applicant []

Agent []

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

Name of Owner (required)	
Address (required)	
Telephone/mobile number (optional)	
Email address (if any)	