

**Appendix I**

**APPLICATION FORM A**

**TO BE COMPLETED BY APPLICANT**



**IMPORTANT NOTE**

**All sections of the form must be completed by the applicant.  
Incomplete applications will not be considered.**

**For further information  
please contact**

Lauren Heffernan, Forward Planning Section, Laois County Council,  
Áras An Chontae, Portlaoise, Co Laois.

Email [lheffernan@laoiscoco.ie](mailto:lheffernan@laoiscoco.ie), phone 057-866 4114.

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**PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THIS FORM**

- **Application Form A** must be completed in full - incomplete applications will not be considered
- 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 the Department 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 HSF, 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 THE APPLICANT**

**1a. Owner's Details**

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

**Applicant Details (if not the 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 THE APPLICANT**

**1b. Structure Details**

<b>Name:</b>	<b>Address:</b>
<b>Year of construction: <i>(if known)</i></b>	
<b>Existing use:</b>	<b>Proposed use: <i>(if different)</i></b>

**1c. Classification**

		Yes or No	If yes: enter registration number	
Is the structure:	(a) a protected structure?		RPS:	
	(b) a structure eligible for or proposed for inclusion in the RPS?			
	(c) protected under the National Monuments Acts?			
	(d) in an Architectural Conservation Area (ACA)		Name of ACA:	
	(e) included in the National Inventory of Architectural Heritage ( <a href="http://www.buildingsofireland.ie">www.buildingsofireland.ie</a> )		NIAH:	Rating:

**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) Efficacy of the grant in achieving the aims of the Historic Structures Fund</p> <p>(iii) Contribution of the proposed works to keeping the structure in use or bringing it back into use.</p> <p>(iv) If application is under Stream 2 of the Fund indicate the public or community benefit of the project.</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**

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

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

**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](http://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**

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**1h. Declaration by the 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 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: