

**Planning / Property
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Supplementary Application Form for Planning Permission for a Dwelling in a Rural Area
APPLICANTS ARE ADVISED TO CONSULT THE FINGAL DEVELOPMENT PLAN 2005 – 2011 – WHICH SETS OUT THE POLICY OF FINGAL COUNTY COUNCIL

FOR OFFICE USE ONLY Reference No.:

1. Applicants Last Name(s): _____ **Applicants First Name(s):** _____

Applicants Birth Surname (if different): _____

Note: Birth surname is the name shown on your birth Certificate

2. Location of Proposed Dwelling:

Applicants Current Address:

Length of time residing at address: _____
Previous Address (if any):

Length of time residing at address: _____

3. Currently Employed As: _____ **Length of time in current employment:** _____

Employers Name and Address:

4. Has this application site ever been the subject of a Sterilisation Agreement under the Planning and Development Acts as may have been conditioned under a previous permission? (Please Tick)

Yes

No

The Planning Process is an open and public one. All planning applications and documents submitted in support of the application are made available for public inspection. It is the policy of Fingal County Council to place this information on its website.

If yes, please specify

The following questions apply to ownership of any residential accommodation within the Republic of Ireland.

5. Have you ever owned any residential accommodation previously? (Please tick)

Yes

No

If yes, please specify location, and length of time in residence (including details of whether ownership is under birth surname, marriage name, previous marriage name etc):

6. Are you presently the owner of any residential accommodation, anywhere in the state, as occupier or investor? (Please tick)

Yes

No

If yes, please specify location, and length of time in residence (including details of whether ownership is under birth surname, marriage name, previous marriage name etc):

7. Have you ever applied for planning permission (including applications under a different name) to that being applied for in this application? (i.e. birth surname, marriage name, previous marriage name etc).

Yes

No

If yes, please specify:

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8. Please read carefully and indicate which category is applicable to your application: (Please tick as appropriate)

Family ties and running family farm with functional need to reside on farm
(Objective RD01)

Family member with direct participation in the family farm with functional need to reside on family farm (Objective RD02)

Member of rural family with essential need to reside adjacent to family home by reason of family ties (Objective RD03)

Employed in an occupation essential to the rural community and/or economy
(Objective RD04)

Other
(Please tick this box if you do not fall under any of the above categories)

If "Other" please briefly describe a category which would be applicable to your application

9. If you are claiming to be actively running a family farm in the area (see Fingal Development Plan 2005 - 2011 Section 5.3):

a. Give details of the size (in ha.) and **location** of your farm (please include a map showing the location of the farm in relation to your proposed dwelling site):

b. If you are not the owner of the farm, please give the **name of the owner** of the farm and his/her relationship to the applicant:

c. Please list and provide acceptable **documentary evidence** to be included in a sworn affidavit in support of the claims showing you are engaged in farming (refer to Section 5.3 of the Fingal Development Plan 2005 - 2011):

10. If you are claiming close family ties with the area (close family ties are, Son, Daughter, Son-in-law, Daughter-in-Law):

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a. Please state the **length of time** you have lived in the area. Please list and provide acceptable **documentary evidence** of the claimed period of residence.

b. Please show on a map the **location of the residence** you lived in. This residence should be adjacent to the proposed with a shared entrance.

c. Have you or any member of your family ever **received planning permission for a rural dwelling in Fingal County?** (Please Tick)

Yes

No

If Yes,

i. Please state **how many separate dwellings** have received planning permission

ii. Please give the **planning register references** under which these planning permissions were granted, and **the date** that permission was granted.

iii. Please give the **names of the people to whom the planning permissions were granted**

iv. Please state the **relationship** of these people to the current applicant

11. If you are claiming to be employed in an occupation essential to the rural community and/or economy please demonstrate why your occupation is essential to the rural community and need to live at subject site as opposed to **RCs RV1s**, etc. (please provide acceptable **documentary evidence** of this employment).

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12. Please List Land Registry Folio Number(s) in respect of ALL lands invoked in support of the application:

Folio Number(s)

Note: applicants should submit copies of the relevant folios with the application.

13. To be sworn and signed in front of a Solicitor/ Commissioner for Oaths

I hereby declare and certify that the information provided in and accompanying this Supplementary Application Form, to the best of my knowledge, is correct and accurate and true and is fully complete.

Signature of Applicant (not agent):

Date:

Before me, a Commissioner for Oaths / Practising Solicitor

Signed:

Commissioner for Oaths / Practising Solicitor

NOTE: The Council advises that evidence submitted by applicants should not contain any superfluous personal information.

Important Notice: The Council may undertake to independently verify or any statements and information contained within this supplementary application form.

NOTES:

- If you are proposing to use a septic tank you are required to **contact the Principal Environmental Health Office** (Telephone 890 6280) who will assess the drainage design and assess whether the site is suitable for septic tank drainage.
- If you are **proposing a proprietary system of drainage**, full details should be submitted with the application including test results certified by a competent person as to the suitability of the site for the proposed method of treatment.
- In rural areas north of the county, you may be required to provide a **potable source of Water Supply** on site.
- While your application may comply with the Rural Housing Policy, failure to supply this information with the planning application will result in a request for **ADDITIONAL INFORMATION**, which will **extend the length of the time required to process the application**.

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