

**An Roinn Pleanála
& Infrastruchtúir Straitéisigh**

Bosca 174
Áras an Chontae
Sord, Fine Gall
Contae Átha Cliath

Bóthar an Gharráin
Baile Bhlainséir
Átha Cliath 15

**Planning & Strategic
Infrastructure Department**

P.O. Box 174
County Hall
Swords, Fingal
Co. Dublin

Grove Road
Blanchardstown
Dublin 15



Comhairle Contae Fhine Gall
Fingal County Council

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:

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

If yes, please specify

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REV D

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. Supply comprehensive and acceptable details which demonstrate that you conform to the requirements for the selected category).

Actively engaged in farming the family farm (Objective RH12)

Member of a rural family with needs to reside close to the family home by reason of close family ties (Objective RH15 - Table RH03 part (i))

A person who is employed long term in a full-time occupation which is considered to satisfy local needs (Objective RH15 - Table RH03 part (ii))

A member of a rural family who is considered to have a need to reside adjacent to the family home by reason of the person's exceptional health circumstances (Objective RH15 - Table RH03 part (iii))

A "bona fide" applicant who may not already live in the area, nor have family connections there or be engaged in particular employment or business classified with the local needs criteria, and who is able to demonstrate a long term commitment to a business which will contribute and enhance the rural community (Objective RH15 - Table RH03 part (iv)).

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 2011 - 2017 Chapter 8):

a. Please give comprehensive details demonstrating that you are involved in farming in Fingal and conform to the requirements of Objective RH09, RH10, RH11 and RH12 (including a map showing the location of the farm, any existing dwellings on the farm, and the proposed dwelling which is the subject of the current planning application). This evidence is to be included in a sworn affidavit in support of these claims

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:

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

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 family home** in which you lived. The family home should be adjacent to the proposed residence and have a shared entrance. If not, comprehensive evidence should be provided demonstrating why the proposed residence is not adjacent to the family home. (Objective RH19).

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 you need to live at subject site as opposed to in a Rural Village or Rural Cluster or elsewhere. (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 and accompanying map/s 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 here, in the contact details page 6, 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 Settlement Strategy, 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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CONTACT DETAILS

1. **Applicants' Name:** _____

Applicants' Current Address:

Length of time residing at address: _____

Previous Address (if any): _____

Length of time residing at address: _____

Tel: _____ **Fax:** _____ **E-mail:** _____

2. **Agents' Name:** _____

Agents' Address:

Tel: _____ **Fax:** _____ **E-mail:** _____

3. **Correspondence Name & Address:**

