

WASTE FACILITY PERMIT & CERTIFICATE OF REGISTRATION APPLICATION FORM



Comhairle Contae Fhine Gall

Fingal County Council



WASTE FACILITY PERMIT & CERTIFICATE OF REGISTRATION APPLICATION FORM

Reference: Rev. 1 dated 17th April 2013

BEFORE FILLING OUT THIS FORM PLEASE NOTE THE FOLLOWING

Failure to complete this form or attach the necessary documentation, or the submission of incorrect information or omission of required information will lead to the invalidation of your application. Therefore please ensure that each section of this application is fully completed and signed, entering n/a (not applicable) where appropriate, and that all necessary documentation is attached to your application form.

Attach the following necessary DRAWINGS:

- **Site Location Map Scale 1:10,000 - 1:50,000** to clearly identify the location of the site
- **Facility Layout Plan Scale 1:500 – 1:2500** to include at a minimum - a clear delineation of the site boundary, details of site entrance, waste recording area (weighbridge or otherwise), waste sorting areas, waste storage areas, quarantine areas, waste treatment areas, site office.
- **Emissions Plan Scale 1:500 – 1:2500** to include details of monitoring points. Label emissions and sampling/monitoring points as follows: Discharge points to water and associated sampling/monitoring locations - SW1, SW2, etc., Discharge points to sewer – S1, S2, etc., Discharge points to air and associated sampling/monitoring locations - A1, A2, etc., Noise sources and associated monitoring locations – N1, N2, etc.; Discharges to land (for example, via percolation area or sludge for landspreading) – LD1, LD2, Soil Sampling: SS1, SS2
- **Facility Drainage Plan Scale 1:500 – 1:2500** showing all drainage and at a minimum location of septic tank, foul sewer, interceptor.

Attach all DOCUMENTATION as requested in the application form.

Please provide 5 copies of this form, 5 copies of each drawing and 5 copies of all attachments.

Further information on the waste facility/certificate of registration application process may be found on the Fingal County Council website.

Please return completed application to:
Waste Enforcement Section,
Fingal County Council,
County Hall,
Swords,
Co. Dublin

1. Completion of application

Who is completing the application?	Applicant <input type="checkbox"/> Agent <input type="checkbox"/>	
If AGENT, please provide name, address and phone number		<input type="checkbox"/> 10 (1)(d)
Please tick to confirm that all correspondence is to be directed to agent	Yes <input type="checkbox"/>	

2. Type of application (please tick appropriate box)

Application for a Waste Facility Permit	<input type="checkbox"/>
Application for a Review of a Waste Facility Permit	<input type="checkbox"/>
Application for a Certificate of Registration	<input type="checkbox"/>
Application for a Review of a Certificate of Registration	<input type="checkbox"/>

3. Consultation with Government Organisations

Did you consult with the EPA Agency regarding what type of waste authorisation is required by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state reference number and provide details on a separate sheet including declaration		<input type="checkbox"/> 10(1) (u)
Did you consult with the Department of the Environment, Community and Local Government with regard to any part of this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state reference number and provide details on a separate sheet of correspondence/discussions which have taken place		<input type="checkbox"/> 10(1)(z)
Did you consult with the National Parks and Wildlife Service with regard to any part of this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state reference number and provide details on a separate sheet		<input type="checkbox"/> 10(1)(cc)
Does the facility biologically treat animal by-products within the meaning of Regulation (EC) 1774/2002 (as amended)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state application number and supply details of any application made to the Minister for Agriculture and Food for veterinary authorisation for the facility		<input type="checkbox"/> 10(1)(w)

4. Pre-application Consultation

Has a pre application consultation taken place with Fingal County Council Inspectorate Division in relation to the proposed facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give date	
State persons involved	

5. Proposed Duration of permit/certificate of registration. Note maximum is 5 years

Number of Years		<input type="checkbox"/> 10(1)(r)
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6. Land Reclamation/Development

Does the proposed activity involve the improvement or development of land?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, are details of the existing and final profiles and contours of the land attached as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(x)
If YES, is a statement of whether the facility is location in, on or adjacent to, or impinges upon, a European site (Natura 2000) e.g. Special Areas of Conservation, Special Protection Areas attached as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(x)(ii)
If YES, is a facility closure plan attached as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(x)
If YES, outline briefly the purpose of the filling			

7. Applicant Details

Name		<input type="checkbox"/> 10(1)(a)	
Address		<input type="checkbox"/> 10(1)(d)	
Telephone Number		<input type="checkbox"/> 10(1)(d)	
E-mail address		<input type="checkbox"/> 10(1)(d)	
State here all trade names used or proposed to be used by the applicant		<input type="checkbox"/> 10(1)(b) <input type="checkbox"/> 10(1) (i)	
Has the applicant been convicted of any offence under environmental legislation ¹ within the previous 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please provide details ² of such convictions/court order			<input type="checkbox"/> 10(1)dd

8. Tax Clearance

Is the applicant ordinarily resident in the State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, has the applicant attached a copy of current tax clearance/C2 certificate issued to the applicant by the Revenue Commissioners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(d)
If NO, has the applicant attached a copy of an appropriate certificate from the relevant tax authorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(d)

¹ The Waste Management Act 1996 as amended and substituted, Environmental Protection Acts 1992 & 2003, the Local Government (Water Pollution) Acts 1977 and 1990 or the Air Pollution Act 1987 and the Waste Management (Facility Permit and Registration) Regulations 2007 & 2008

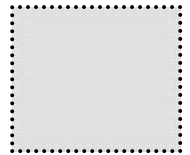
² Detail includes information in relation to the court hearing the case, the nature of the offence and any penalty or requirement imposed by the court. Information in relation to the terms of any requirement imposed on the applicant by order of a court under the Act

9. Where Applicant is a Body Corporate, provide details of each director, manager, company secretary or other similar officer



Is the company a body corporate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, state the company number		<input type="checkbox"/> 10(1)(i)
If YES, is a copy of the appropriate certificate issued by the Companies Registration Office attached as required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(h) <input type="checkbox"/> 10(3)(e)
If YES, is a copy of the management structure attached as required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, provide the address of its registered or principal office		<input type="checkbox"/> 10(1)(f)
If YES, provide name and address of each Director		<input type="checkbox"/> 10(1)(f)
If YES, provide name and address of Manager		<input type="checkbox"/> 10(1)(f)
If YES, provide name and address of Company Secretary		<input type="checkbox"/> 10(1)(f)
If YES, provide name(s) and address(es) of any other similar officer		<input type="checkbox"/> 10(1)(f)
Has any officer of the body corporate been convicted of any offence under environmental legislation within the previous 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state the name(s) of each individual and detail such convictions/court order		<input type="checkbox"/> 10(2)(a)(i) <input type="checkbox"/> 10(1)(dd) <input type="checkbox"/> 10(1)(dd)
Has any officer of the body corporate been an officer of another body corporate in the previous 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state the name(s) of all such individuals.		<input type="checkbox"/> 10(2)(a)(ii)
Have any individuals listed above been convicted of any offence under environmental legislation within the previous 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state the name(s) of each individual and detail such convictions/court order		<input type="checkbox"/> 10(2)a(ii) <input type="checkbox"/> 10(1)(dd) <input type="checkbox"/> 10(1)(ee)

10. Where Applicant is a Partnership, provide the following details for each partner



Is the applicant a Partnership?	Yes <input type="checkbox"/>			No <input type="checkbox"/>			
Name(s) of partner(s)							<input type="checkbox"/> 10(1)(e)
Registered Address (of each partner) – Continue on separate sheet if necessary							<input type="checkbox"/> 10(1)(e)
Was any partner in the past ten years ever been an officer of a body corporate?	Yes <input type="checkbox"/>			No <input type="checkbox"/>			
If YES, please state the name(s) of all such individuals.							<input type="checkbox"/> 10(2) (b)
Have any individuals listed above been convicted of any offence under environmental legislation within the previous 10 years?	Yes <input type="checkbox"/>			No <input type="checkbox"/>			
If YES, please state the name(s) of each individual and detail such convictions/court order							<input type="checkbox"/> 10(2) (b) <input type="checkbox"/> 10(1)(dd) <input type="checkbox"/> 10(1)ee

11. Location of Proposed Facility

Postal Address of the location of the facility to which the application relates							<input type="checkbox"/> 10(1)(g)
Townland name							<input type="checkbox"/> 10(1)(g)
Ordnance Survey Map Reference Number							
Grid Reference							
Is the location of the proposed facility highlighted on the Site Location Map as required?	Yes <input type="checkbox"/>			No <input type="checkbox"/>			<input type="checkbox"/> 10(1)(k)(i)

12. Legal Interest of Applicant in the Land



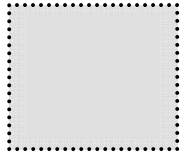
Please tick appropriate box to show applicant's legal interest in the land on which the proposed facility is located	Owner <input type="checkbox"/> Leased <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> 10(1)(c)
Where legal interest is 'leased', provide the following – copy of lease agreement, term of lease, details of boundary, and conditions on closure. Details attached?	Attached Lease agreement <input type="checkbox"/> Details of boundary <input type="checkbox"/> Term of lease <input type="checkbox"/> Conditions on closure <input type="checkbox"/>	
Where legal interest is 'leased', is the duration of the lease the same as the proposed duration of permit	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where legal interest is 'Other', please expand further on your interest in the land		<input type="checkbox"/> 10(1)(c)
If you are not the legal owner, please state the name and address of the owner(s).		
If you are not the legal owner, please supply a letter from the owner(s) to consent to make the application. Letter attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

13. Details of Land Use

Current Use of Land/site		<input type="checkbox"/> 10(1)(cc)
What has the land/site been used for in the past		<input type="checkbox"/> 10(1)(cc)
Is there any contamination on the land/site	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)
If YES, provide details		<input type="checkbox"/> 10(1)(cc)

14. Describe the activities on adjacent sites

North	Commercial <input type="checkbox"/> Household <input type="checkbox"/> Greenfield <input type="checkbox"/> Vacant <input type="checkbox"/> Other <input type="checkbox"/> please specify
South	Commercial <input type="checkbox"/> Household <input type="checkbox"/> Greenfield <input type="checkbox"/> Vacant <input type="checkbox"/> Other <input type="checkbox"/> please specify
East	Commercial <input type="checkbox"/> Household <input type="checkbox"/> Greenfield <input type="checkbox"/> Vacant <input type="checkbox"/> Other <input type="checkbox"/> please specify
West	Commercial <input type="checkbox"/> Household <input type="checkbox"/> Greenfield <input type="checkbox"/> Vacant <input type="checkbox"/> Other <input type="checkbox"/> please specify



15. Previous waste authorisations on adjacent lands

Are you aware of any valid waste permit/certificate of registration/ waste licence application made in respect of adjacent lands	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please state reference number(s)		

16. Previous waste authorisations on the proposed land

Are you aware of any valid waste permit/certificate of registration/ waste licence application made in respect of the proposed site	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please state reference number(s)		

17. Technical Competency

Has the applicant specific technical training in the areas of waste management and/or environmental protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where YES is answered, please state details of qualification		
Where NO is answered, please outline in detail relevant experience in the management of a waste facility		

18. Financial Details

Will the applicant be able to meet the financial commitments of a permit including any liabilities which will be entered into in carrying on the activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Where YES is answered, is evidence of this attached as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)s
Will the applicant be able to meet the financial commitments of a permit including any liabilities which will be entered into in ceasing to carry on the activity at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Where YES is answered, is evidence of this attached as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)s

19. Insurance Details

Does the applicant have public liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)
Where YES is answered, is evidence of this attached as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)
Does the applicant have environmental liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)
Where YES is answered, is evidence of this attached as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)

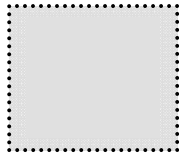


20. Planning Compliance

Planning Permission Number <u>OR</u> Planning Application Number <u>OR</u> Certificate of Exemption Number		<input type="checkbox"/> 10(1)t
Attach a copy of relevant documentation pertaining to this activity. Documentation attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

21. Facilities and Services

Proposed source of Water Supply	
Public Mains Supply <input type="checkbox"/> Private Well <input type="checkbox"/> Group Water Scheme <input type="checkbox"/> Name of Group Water Scheme Other <input type="checkbox"/> (please specify)	<input type="checkbox"/> 10(1)(cc)
Proposed Wastewater Management/Treatment	
Public Sewer <input type="checkbox"/> Septic tank system <input type="checkbox"/> Other on-site treatment system <input type="checkbox"/> (please specify)	<input type="checkbox"/> 10(1)(cc)
How will clean surface water be managed at the site?	
Discharge to public sewer <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	<input type="checkbox"/> 10(1)(cc)
How will contaminated surface water be managed at the site?	
Discharge to public sewer <input type="checkbox"/> Tankered off-site <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	<input type="checkbox"/> 10(1)(cc)
Does the facility have any authorisations for discharge to surface water?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide licence Number []	<input type="checkbox"/> 10(1)(cc)
Does the facility have any authorisations for discharge to sewer?	
Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please provide licence Number []	<input type="checkbox"/> 10(1)(cc)
Details of on-site facilities	
Toilet Facilities <input type="checkbox"/> Office <input type="checkbox"/> Washing Facilities <input type="checkbox"/> Canteen/kitchen <input type="checkbox"/> Storage area for vehicles <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	<input type="checkbox"/> 10(1)(cc)
Facility Drainage Plan attached?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)



22. Silt Trap and Interceptor

Is there a silt trap on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, provide details Make Type Size Class Maintenance Records attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> 10(1)(cc)
Is there an interceptor on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, provide details Make Type Size Class Maintenance Records attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> 10(1)(cc)

23. Proposed operating hours of the facility

Monday – Friday	
Saturday	
Sunday	
Bank/public Holidays	

Proposed times of acceptance of waste

Monday – Friday	
Saturday	
Sunday	
Bank/public Holidays	

24. Traffic Management System

Type of vehicle(s) hauling waste to the proposed site		<input type="checkbox"/> 10(1)(cc)
Axle Load(s)		<input type="checkbox"/> 10(1)(cc)
Number of vehicle movements per day	In [] Out []	<input type="checkbox"/> 10(1)(cc)
Provide outline of the haul routes on public roads		<input type="checkbox"/> 10(1)(cc)
Proposed traffic management system included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)v

25. Ground surface of proposed facility

Describe the surface of the proposed facility	
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26. Details of the nature of the waste related activity proposed

Facility Layout Plan ³ attached?(Obligatory)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(k)
Who will transport waste to the site?		<input type="checkbox"/> 10(1)(cc)
Who will assess loads that enter site?		<input type="checkbox"/> 10(1)(cc)
Will the waste be weighed using a weighbridge?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(m)(ii)
If NO, provide details of how inputs to the site will be accurately recorded		<input type="checkbox"/> 10(1)(m)(ii)
Provide a description of the waste acceptance procedures to be established and applied.		<input type="checkbox"/> 10(1)(ff)
Details of procedures attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)
Location of the quarantine area		<input type="checkbox"/> 10(1)(cc)
Where will waste be stored?		<input type="checkbox"/> 10(1)(cc)
Will there be any processing of waste on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)
Detail processing methods		<input type="checkbox"/> 10(1)(n)
List plant that will be used in the processing of the waste		<input type="checkbox"/> 10(1)(n)

³ Facility layout plan must include at a minimum – proposed layout plan of facility, a clear delineation of the site boundary, details of site entrance, waste recording area (weighbridge or otherwise), waste sorting areas, waste storage areas, quarantine areas, waste treatment areas, site office. Particulars of ordnance survey sheet reference number, elevation levels (metres) and Ordnance Datum used Dimension (metres) and Orientation of North Point.

<p>Will plant maintenance occur at the site?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><input type="checkbox"/> 10(1)(cc)</p>
<p>If YES, detail measures for the prevention of spillages and storage arrangements</p>		<p><input type="checkbox"/> 10(1)(cc)</p>
<p>Describe the proposed measures to be taken to prevent unauthorised waste disposal or litter?</p>	<p>Lockable Gate <input type="checkbox"/> Security personnel <input type="checkbox"/> CCTV <input type="checkbox"/> Other <input type="checkbox"/> Provide details</p>	<p><input type="checkbox"/> 10(1)(gg)</p>
<p>How will vermin be controlled?</p>		<p><input type="checkbox"/> 10(1)(hh)</p>
<p>Are there details of any operational or housekeeping procedures on site to prevent unauthorised or unexpected emissions and minimise the impact on the environment of any such emissions?</p>	<p>Accident and Emergency <input type="checkbox"/> Environmental Management System (EMS) <input type="checkbox"/> Eco management and Audit Scheme (EMAS) <input type="checkbox"/> Other <input type="checkbox"/> Provide details Other <input type="checkbox"/> Provide details</p>	<p><input type="checkbox"/> 10(1)(n) <input type="checkbox"/> 10(1)(q)</p>
<p>All procedures attached?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Are there any other measures that are in place to prevent unauthorised or unexpected emissions and minimise the impact on the environment of any such emissions?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><input type="checkbox"/> 10(1)(q)</p>
<p>If YES, please describe these measures</p>		
<p>Provide a description of the nature of the waste-related activity which is proposed to be carried on within the facility</p>		<p><input type="checkbox"/> 10(1)(j)</p>



27. Type of waste activity as per Waste Management Legislation

Disposal Activities as per the Third Schedule of the Waste Management Act, 1996 as amended		<input type="checkbox"/> 10 (1) (l)	
Class Number	Class Description	Principal Activity (please tick)	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Recovery Activities as per the Third Schedule of the Waste Management Act, 1996 as amended		<input type="checkbox"/> 10 (1) (l)	
Class Number	Class Description	Principal Activity (please tick)	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
If applying for a waste facility permit - Classes of Activity subject to waste facility permit application to a local authority as per Part I of the Third Schedule of the Waste Management (Facility Permit & Registration Regulations) 2007 & 2008		<input type="checkbox"/> 10 (1) (m) (i)	
Class Number	Class Description	Principal Activity (please tick)	Proposed Annual Volume (tonnes cubic metres/no. of units)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
If applying for a certificate of registration - Classes of Activity subject to certificate of registration with the local authority or the Agency as per Part II of the Third Schedule of the Waste Management (Facility Permit & Registration) Regulations 2007 & 2008		<input type="checkbox"/> 10 (1) (m) (i)	
Class Number	Class Description	Principal Activity (please tick)	Proposed Annual Volume (tonnes/cubic metres/no. of units)
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	



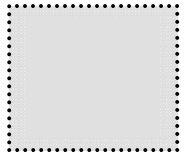
28. Specific classes

Are you applying for Class 5 or Class 6 waste facility permit or certificate of registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide lifetime tonnages	tonnes	
Are you applying for Class 7 or Class 10 waste facility permit or certificate of registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide amount of residual waste	tonnes	
Are you applying for Class 1 or Class 10 certificate of registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide days of storage of material	days	
Are you applying at any one time for Waste Facility Permit Class 8 and Certificate of Registration Class 11, 12 and 13?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide quantity of waste at any one time	tonnes	

29. Waste Volumes

Total proposed annual waste volumes (tonnes)		
Annual tonnage expected to equal or exceed 25,000 tonnes ⁴ ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, an EIS must accompany your application. EIS submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

⁴ Disposal or recovery activity >25,000 tonnes require an EIS (S.I. No. 349/1989: European Communities (Environmental Impact Assessment) Regulations, 1989.)



31. Waste types to be removed from facility

EWC Code (6 digits)	Source of waste	Description	Quantity (tonnes, cubic metres or no. units)

32. Water Courses

Is the site located in the immediate catchment of a water course ⁶	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, state the name of the water course			<input type="checkbox"/> 10(1)(aa)
If YES, have any flood studies or flood risk assessments been undertaken to ensure that the potential for increased run-off to the water course or reduction in flood storage is adequately mitigated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, provide details of the flood studies or Flood Risk Assessment			<input type="checkbox"/> 10(1)(aa)
If YES, what measures have been included to mitigate against possible increased contamination of the watercourse			

33. Designated sites

Is the site located in or within 3kms of any designated sites e.g. Natural Heritage Areas or proposed Natural Heritage Areas under the Wildlife Act ⁷	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(1)(cc)
If YES, please name the site			<input type="checkbox"/> 10(1)(cc)

34. Describe the variation in plants and animals (biodiversity) at the site

	<input type="checkbox"/> 10(1)(y)

⁶ Local Government (Water Pollution) Act, 1977 defines "waters" to include the following:

(a) any (or any part of any) river, stream, lake, canal, reservoir, aquifer, pond, watercourse or other inland waters, whether natural or artificial,

(b) any tidal waters, and

(c) where the context permits, any beach, river bank and salt marsh or other area which is contiguous to anything mentioned in paragraph (a) or (b), and the channel or bed of anything mentioned in paragraph (a) which is for the time being dry

⁷ The Wildlife Act 1976 enables the Minister to enter into a voluntary management agreement with private landowners. Under these agreements landowners will manage their lands to ensure that desirable wildlife habitats are protected. The number and type of such agreements depends on the resources available to the Department at any time

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use only

35. Details of Potential Emissions and Proposed Mitigation Measures

Will the activity give rise to any emissions concerning the following?	If YES, provide a description ⁸ of the emission and display emission points on site layout plan <input type="checkbox"/> 10 (3)(c)(ii)	What are the potential environmental impacts of each emission?	How will emissions be monitored? Please tick as appropriate	How will you minimise these emissions? Please tick as appropriate
<p>Litter</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		<p>Litter <input type="checkbox"/></p> <p>Dust <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Daily litter checks <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Daily yard sweep-up <input type="checkbox"/></p> <p>In-coming loads covered <input type="checkbox"/></p> <p>Road sweeper as required <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>
<p>Groundwater</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		<p>Groundwater contamination <input type="checkbox"/></p> <p>Contamination of public water supply <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Groundwater well monitoring <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Periodic drain checking <input type="checkbox"/></p> <p>Regular review of work practices <input type="checkbox"/></p> <p>Appropriate ground surface <input type="checkbox"/></p> <p>Appropriate storage of liquids <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>

⁸ The applicant must include the following - the source, location, nature, composition, quantity level, level, rate of emission, continuous or sporadic

<p>Will the activity give rise to any emissions concerning the following?</p>	<p>If YES, provide a description⁸ of the emission and display emission points on site layout plan</p>	<p>What are the potential environmental impacts of each emission?</p>	<p>How will emissions be monitored? Please tick as appropriate</p>	<p>How will you minimise these emissions? Please tick as appropriate</p>
<p>Sewer</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><input type="checkbox"/> 10 (3)(c)(ii)</p>	<p>Sewer contamination <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Daily sewer checks <input type="checkbox"/></p> <p>Weekly sewer checks <input type="checkbox"/></p>	<p>Regular drain cleaning <input type="checkbox"/></p> <p>Appropriate clean-up procedures in place <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>
<p>Surface Water</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		<p>Surface water contamination <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Surface water monitoring <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Regular review of work practices <input type="checkbox"/></p> <p>Appropriate ground surface <input type="checkbox"/></p> <p>Appropriate storage of liquids <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>

<p>Will the activity give rise to any emissions concerning the following?</p>	<p>If YES, provide a description⁸ of the emission and display emission points on site layout plan</p>	<p>What are the potential environmental impacts of each emission?</p>	<p>How will emissions be monitored? Please tick as appropriate</p>	<p>How will you minimise these emissions? Please tick as appropriate</p>
<p>Air</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><input type="checkbox"/> 10 (3)(c)(ii)</p>	<p>Dust <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Dust monitoring <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Daily yard sweep-up <input type="checkbox"/></p> <p>In-coming loads covered <input type="checkbox"/></p> <p>Sprinkle system <input type="checkbox"/></p> <p>Road sweeper as required <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>
<p>Odour</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		<p>Odour <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Odour monitoring <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>All processing to be indoors <input type="checkbox"/></p> <p>Odour abatement system <input type="checkbox"/></p> <p>Using Best Available Technologies <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>

Will the activity give rise to any emissions concerning the following?	If YES, provide a description ⁸ of the emission and display emission points on site layout plan	What are the potential environmental impacts of each emission?	How will emissions be monitored? Please tick as appropriate	How will you minimise these emissions? Please tick as appropriate
<p>Noise</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><input type="checkbox"/> 10 (3)(c)(ii)</p>	<p>Noise <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>	<p>Noise Monitoring <input type="checkbox"/></p>	<p>All processing to be indoors <input type="checkbox"/></p> <p>Using Best Available Technologies <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Please specify</p>

36. Monitoring

For official use only

Do you propose to undertake any emissions monitoring during the course of the operation of the permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please identify the proposed monitoring and sampling points		<input type="checkbox"/> 10(1)(p) <input type="checkbox"/> 10(1)(c)(iii)
If YES, have you included these on the site layout map?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, state the proposed monitoring arrangements for emissions		<input type="checkbox"/> 10(1)(p)
If YES, what are the environmental consequences of any such emissions?		<input type="checkbox"/> 10(1)(p)

37. Application Fee

Application Type	Application Fee Payable	Included
Application for a Waste facility permit for Classes 5, 6 and 7	€2,000	<input type="checkbox"/>
Application for all other Waste Permit Facility Activities	€1,000	<input type="checkbox"/>
Application for the review of a facility permit (classes 5,6 &7)	€1,000	<input type="checkbox"/>
Application for the review of a facility permit for all other classes	€500	<input type="checkbox"/>
Application for a certificate of registration for Classes 5, 6, 7 and 10	€600	<input type="checkbox"/>
Application for a certificate of registration for all other classes	€300	<input type="checkbox"/>
Application for the review of a certificate for Classes 5, 6, 7 and 10	€300	<input type="checkbox"/>
Application for the review of a certificate for all other classes	€150	<input type="checkbox"/>
Application for minor changes not requiring a full review	€100	<input type="checkbox"/>

Receipt attached

For official
use only

38. Notices

Has the applicant placed a notice in a newspaper or newspapers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(a)
If YES, is the notice in accordance with articles 7 & of the waste facility permit regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(a)
If YES, has a copy of the relevant page in which the notice was published been attached to this application as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(a)
Has the applicant erected a site notice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(b)
If YES, is the notice in accordance with articles 7 & of the waste facility permit regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(b)
If YES, has a copy of the notice been attached to this application as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10(3)(b)
Have you indicated the location of the site notice on the site plan as required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> 10 (3)(c)

39. Additional Information

Does the applicant wish to include information with the application which the applicant feels may be required by the authority in making its decision or information identified as part of pre-application consultation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide information here		

40. Financial Declaration

This must be completed by a financial representative of the applicant – a bank/financial institution, a chartered/certified accountant or the company auditor.

- THIS DOCUMENT MUST BE COMPLETED TO SATISFY THE NOMINATED AUTHORITY THAT THE APPLICANT MEETS THE FULL DEFINITION OF A 'FIT AND PROPER PERSON' AS INTERPRETED IN ARTICLE 5 OF THE WASTE MANAGEMENT (FACILITY PERMIT & REGISTRATION) REGULATIONS 2007 AS AMENDED
- PLEASE NOTE THAT UNDER ARTICLE 18(4)(E) A NOMINATED AUTHORITY SHALL NOT GRANT A WASTE FACILITY PERMIT/REGISTRATION UNLESS IT IS SATISFIED THAT THE APPLICANT IS A 'FIT AND PROPER PERSON'.
- ALL APPLICANTS ARE REQUIRED TO PROVIDE A SIGNED DECLARATION STATING THEIR FINANCIAL ABILITY TO PROPERLY CARRY OUT THE WASTE DISPOSAL/RECOVERY ACTIVITY AT THE FACILITY IN ACCORDANCE WITH BEST AVAILABLE TECHNIQUES (BAT) AND IN A MANNER THAT WILL NOT CAUSE ENVIRONMENTAL POLLUTION OR BREACH ENVIRONMENTAL STANDARDS.
- AN APPLICANT CAN ALSO SUBMIT ANY NON-CONFIDENTIAL FINANCIAL INFORMATION, E.G. COMPANY ACCOUNTS ETC IN SUPPORT OF THE FINANCIAL DECLARATION.

SIGNED FINANCIAL DECLARATION.

IT IS MY OPINION THAT _____ (APPLICANT NAME) IS LIKELY TO BE IN A POSITION TO MEET ANY FINANCIAL COMMITMENTS OR LIABILITIES THAT WILL BE ENTERED INTO OR INCURRED BY THE APPLICANT IN CARRYING OUT THE WASTE ACTIVITY TO WHICH THE WASTE FACILITY PERMIT/REGISTRATION RELATES IN ACCORDANCE WITH THE TERMS OF THE PERMIT/REGISTRATION, OR AS A CONSEQUENCE OF CEASING TO CARRY ON THAT ACTIVITY.

SIGNATURE: _____

NAME (BLOCK CAPITALS): _____

FINANCIAL INSTITUTION (IF APPLICABLE) _____

DATE: _____

OFFICIAL STAMP

WARNING: IT IS AN OFFENCE UNDER ARTICLE 43 (1) OF THE WASTE MANAGEMENT (FACILITY PERMIT & REGISTRATION) REGULATIONS 2007, AS AMENDED, FOR ANY PERSON TO PROVIDE FALSE OR MISLEADING INFORMATION FOR THE PURPOSES OF OBTAINING A WASTE FACILITY PERMIT OR CERTIFICATE OF REGISTRATION.

41. Sign off

I/WE HEREBY MAKE APPLICATION FOR A PERMIT, PURSUANT TO THE PROVISIONS OF THE WASTE MANAGEMENT ACT 1996 (AS AMENDED AND SUBSTITURED) AND THE WASTE MANAGEMENT (FACILITY PERMIT & REGISTRATION) REGULATIONS 2007 AND AMENDMENT REGULATIONS 2008 MADE THEREUNDER.

I/WE CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUTHFUL, ACCURATE AND COMPLETE (SEE NOTE BELOW).

SIGNATURE:	_____	_____	_____
PRINT NAME:	_____	_____	_____
DATE:	_____	_____	_____
POSITION IN ORGANISATION:	_____	_____	_____
ON BEHALF OF (NAME OF ORGANISATION):	_____	_____	_____

COMPANY STAMP OR SEAL:

IF THE APPLICATION IS SIGNED BY AN AGENT/CONSULTANT, THE PROPOSED PERMIT/CERT OF REGISTRATION HOLDER MUST ALSO SIGN AND DATE THE DECLARATION. IN THE CASE OF THE PARTNERSHIP, ALL PARTNERS MUST SIGN. IN THE CASE OF A CORPOPRATE BODY A RELEVANT PERSON SHOULD SIGN AND DATE THE DECLARATION.

42. Statutory Declaration

I declare that the INFORMATION given in the application by (Legal Entity)

_____ for the purpose of obtaining a **Waste Facility Permit / Certificate of Registration** is correct, and that no information which is required to be included in the said application has been omitted.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1938.

I authorise **Fingal County Council** to make any enquiries from official sources as it may consider necessary for the purpose of determining this application and, pursuant to section 8 of the Data Protection Act 1988, I consent to the disclosure of details of convictions for relevant offences specified under article 10 of the Waste Management (Facility) Permit Regulations 2007.

Signature:

Name (block capitals)

Declared before me at _____

this _____ day of _____, _____, 20____. #

To be completed by a Solicitor/Commissioner of Oaths/Notary Public/Peace Commissioner/Garda Síochána.

Signature of Witness

Occupation

Date _____

WARNING: Any person who gives false or misleading information for the purpose of obtaining a **Waste Facility Permit / Certificate of Registration** renders themselves liable to severe penalties.