



LICENCE OF ADVERTISING STRUCTURES/SIGNS ETC.
APPLICATION FORM

(Section 254 of the Planning & Development Act 2000)

SECTION 1 – DETAILS OF APPLICANTS.

Applicant Details:

Title: _____ Forename: _____ Surname: _____

Address: _____

_____ County: _____

Contact Details: Phone: _____ Mobile: _____

Fax: _____ E-Mail: _____

Agent Details:

Title: _____ Forename: _____ Surname: _____

Address: _____

_____ County: _____

Contact Details: Phone: _____ Mobile: _____

Fax: _____ E-Mail: _____

Company Details (if applicable):

Company Name: _____ Company Registration No: _____

Address: _____

_____ County: _____

Phone: _____ Fax: _____ E-Mail: _____ Mobile: _____

Details of Directors:

Forename: _____ Surname: _____

Forename: _____ Surname: _____

Forename: _____ Surname: _____

Forename: _____ Surname: _____

Forename: _____ Surname: _____

SECTION 2 – DETAILS OF PROPOSED LOCATION.

Site Address: Location: _____
 Village/Town: _____
 Townsland: _____

Sign Size: _____ Meters

Description of proposed wording on sign _____

APPLICANT(S) SIGNATURE

DATE

This application form must be accompanied by:
(a) Two copies of location map, scale not less than 1:1000 in built up areas and 1:2500 in all other areas (which shall be marked thereon), clearly outlining in red the proposed location of sign.

**Completed form and accompanying documentation to be forwarded to:
Planning Section, North Tipperary County Council, Civic Offices, Limerick Rd,
Nenagh, Co Tipperary
Tel: 067 – 44652/3, Fax: 067 – 44654, E-Mail: planning@northtippcoco.ie**



CEADÚNAS DO STRUCHTÚIR/CHOMHARTHAÍ FÓGRAÍOCHTA ETC.
FOIRM IARRATAIS

(Cuid 254 den Acht um Pleanáil & Forbairt 2000)

CUID 1 – SONRAÍ IARRTHÓIRÍ.

Sonraí Iarrthóra:

Teideal: _____ Ainm Baiste: _____ Sloinne: _____

Seoladh: _____

Contae: _____

Sonraí Teagmhála: Fón: _____ Fón Póca: _____

Facs: _____ Ríomhphost: _____

Sonraí Gníomhaire:

Teideal: _____ Ainm Baiste: _____ Sloinne: _____

Seoladh: _____

Contae: _____

Sonraí Teagmhála: Fón: _____ Fón Póca: _____

Facs: _____ Ríomhphost: _____

Sonraí Cuideachta (más infheidhme):

Ainm na Cuideachta: _____ Uimhir Chláraithe na Cuideachta: _____

Seoladh: _____

Contae: _____

Fón: _____

Facs: _____

Ríomhphost: _____

Fón Póca: _____

Sonraí na Stiúrthóirí:

Ainm Baiste: _____

Sloinne: _____

Ainm Baiste: _____

Sloinne: _____

Ainm Baiste: _____ Sloinne: _____

Ainm Baiste: _____ Sloinne: _____

Ainm Baiste: _____ Sloinne: _____

(2)

CUID 2 – SONRAÍ AN tSUÍMH A BHEARTAÍTEAR.

Seoladh an tSuímh: Suíomh : _____

Sráidbhaile/Baile: _____

Baile Fearainn: _____

Méid an Chomhartha: _____

Méadar

Cur síos ar an bhfoclaíocht a bheartaítear don chomhartha

SÍNÚ AN IARRTHÓRA/NA nIARRTHÓIRÍ
DÁTA

Caithfidh na rudaí seo a leanas bheith leis an iarratas seo:

- (b) Dhá chóip den léarscáil suímh, scála ar a laghad 1:1000 i gceantair thógtha agus 1:2500 i gceantair eile (a mharcálfar ansin), ar a léireofar go soiléir suíomh an chomhartha a bheartaítear i ndearg.

**Tá an fhoirm chomhlánaithe agus an cháipéisíocht a théann leis le cur chuig:
An Rannóg Pleanála, Comhairle Contae Thiobraid Árann Thuaidh, Oifigí
Cathartha, Bóthar Luimnigh, an tAonach, Co. Thiobraid Árann
Teil: 067 – 44652/3, Facs: 067 – 44654, Ríomhphost:
planning@northtippcoco.ie**