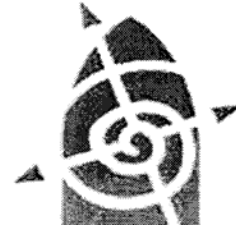




NATIONAL DEVELOPMENT PLAN
YOUR PLAN - YOUR FUTURE



‘working with the community’

Grant for the Provision or Necessary Improvement of an Individual Water Supply to a House

Local Authority: NORTH TIPPERARY COUNTY COUNCIL.

Notes:

- > Please read the Explanatory Memorandum for the Scheme **before** completing this form.
- > Please use block capitals - thank you.
- > This form **must** be accompanied by:
 - (a) a Site Location Map of the house concerned; and
 - (b) if you know the exact nature and extent of the proposed works at the time of making this application furnish a detailed specification and a detailed estimate of the cost;
- > **It is important to note that work carried out before an inspection by Local Authority personnel will not qualify for Grant purposes. ☹**
- > An official Quotation (on Contractor's *headed* paper), from three Contractors is to be submitted with this application.
 - There are further forms to be completed as your application progresses for example an *Application to Mid-Western Health Board for Water Quality Test*, and *Geographical Survey of Ireland*.
- > Incomplete/unsigned forms will be returned.
- > Post completed application form to: **North Tipperary County Council, Water Services Section, Civic Offices, Limerick Road, Nenagh, Co. Tipperary.**
- > Should you need further information / assistance, Phyllis O'Connor or John Jones in Water Services Section will be happy to help you - contact: W (067) 44500 or access www.tipperarynorth.ie

1. Name of Applicant: _____

Name of Spouse, (if any): _____

2. Personal Public Service No. (formerly RSI No): Applicant: _____

Spouse: _____

3. Present Postal Address: _____

Telephone Nos. ☎ () _____ (Home) () _____ (Work)
Mobile Phone No. () _____

4. Address of House where Water Supply is being provided/improved: _____

5. Planning Permission Reference No(s) _____

6. Age of the House: _____ years.

7. If there is an existing piped water supply to this house, in what respect is it seriously deficient?

8. Has any grant been received in respect of the house from:

The Department of the Environment, Heritage & Local Government:	YES/NO (Delete as appropriate ☒)
The Department of Arts, Culture & Gaeltacht:	YES/NO (Delete as appropriate ☒)
A Local Authority:	YES/NO (Delete as appropriate ☒)

If your answer to any of the above is YES, please give details of the grant(s), i.e., nature and purpose of the grant, Department/ Authority who made payment, date of payment, amount paid, reference numbers associated.

9. Do the proposed works involve: up-grading an existing supply: YES/NO (Delete as appropriate ☒)
provision of a new supply: YES/NO (Delete as appropriate ☒)

10. Description of proposed works: _____

11. Will the new/upgraded water supply be used for non-domestic purposes? YES/NO (Delete as appropriate ☒).

12. Estimated cost of proposed works: € _____

13. Name, Address & Telephone No(s) of Contractors from whom you have obtained 3 Quotations:

14. Contractor's Income Tax Ref No: _____

Contractor's VAT Ref No: _____

Contractor's Tax District: _____

Contractor's C2 Certificate No. _____


Tax Clearance Certificate Expiry Date: _____


DECLARATION BY APPLICANT

I declare that:

- (a) the information given by me for the purpose of obtaining a grant is correct;
- (b) I am aware of the conditions of payment for the grant and believe that these conditions are fulfilled; and
- (c) my tax affairs are in order.

I understand that the Local Authority may make any enquiries from official sources as it may consider necessary to establish entitlement to the grant.

Signed:  _____ Date: _____

 Please note this table is for Office Use Only. You do not need to complete this – thank you.	Calculation of Grant Payable	
	Invoices Submitted by Applicant	Amount
	A	€
	B	€
	C	€
	D	€
	E	€
	F	€
G	Grant Payable (Eligible Expenditure x 75%): €	
Grant Approved: _____ Executive Engineer Date: _____		