**APPLICATION FORM A**

**SECTION ONE-TO BE COMPLETED BY APPLICANT**

**SECTION TWO-TO BE COMPLETED BY LOCAL AUTHORITY**

**FORM A - SECTION ONE – INFORMATION**

**PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THIS FORM**

* **Form A, Sections One and Two** must be fully completed - incomplete applications will not be accepted
* **Section One must be completed by the applicant and verified as correct by the local authority**
* **Section Two must be completed by the local authority**
* Please **type** in the relevant information if possible
* If handwritten, please use **BLOCK CAPITALS** or ensure script is legible
* All date entries should be entered in the format **DD/MM/YYYY**
* If the structure is not presently in use, its last use must be stated in **Form A -Section 1b, page A4**
* If the structure is protected by any legislation other than the *Planning and Development Acts* (e.g. the *National Monuments Acts*), this must be stated in **Form A -Section 1d, page A4**
* Where planning permission has been applied for but no decision has been made, or where the decision is under appeal, state this and the date of application or appeal in **Form A -Section 1d, page A4**
* Where notification is required under Section 12 (3) of the *National Monuments (Amendment) Act 1994* (Recorded Monuments) or under Section 5 (8) of the *Amendment Act 1987* (Register of Historic Monuments) details of the date on which the notification was sent to DAHRRGA should be provided in Form A-**Section 1d, page A4**
* Where Ministerial consent, under Section 14 of the *National Monuments Act 1930* (as amended), has been applied for but no decision has been made at the time of application to the SRF, state this in **Form A - Section 1d including the case reference number issued by the National Monuments Service, page A4**
* Details of how the cost of the works, other than the amount of the grant sought, is to be met must be stated in **Form A -Section 1f, page A6.** The applicant must indicate the matching amount total and the source of matching funds
* The applicant must also indicate any grants, subsidies or assistance from statutory bodies, or sponsorship or assistance from a non-statutory source, received or being sought in **Form A -Section 1f, page A6**
* The applicant must also indicate if they have received a determination under Section 482 of the *Taxes Consolidation Act 1997* (formerly Section 19 of the *Finance Act 1982*) **in Form A -Section 1f, page A6**
* If not, the applicant must indicate if they are in the process of applying for tax relief under Section 482 of the *Taxes Consolidation Act 1997* (formerly Section 19 of the *Finance Act 1982*) in **Form A -Section 1f, page A6**
* The works should follow the conservation principles set out in the Department’s [*Architectural Heritage Protection Guidelines for Planning Authorities (2011)*](http://www.ahrrga.gov.ie/app/uploads/2015/07/Architectural-Heritage-Protection-Guidelines-2011.pdf)and [*Advice Series*](http://www.ahrrga.gov.ie/heritage/built-heritage/architectural-heritage-advisory-service/advice-for-owners/) publications (<http://www.ahrrga.gov.ie/heritage/heritage-publications/> )

**FORM A - SECTION ONE - TO BE COMPLETED BY OWNER/APPLICANT**

**1a. Applicant Details (Owners)**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Owner’s Name: |  | |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Charity Number: *(if applicable)* |  | |
| Tax Reference Number together with Tax Compliance Access Number: |  | |

**1a. Applicant Details (if not owner)**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name: |  | |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Charity Number:  *(if applicable)* |  | |
| Tax Reference Number together with Tax Compliance Access Number: |  | |
| Please indicate if the consent of the owner been obtained to apply under this scheme and attach consent to this Form. |  | |

**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**

**1b. Structure Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | |
| Name:  Year of construction: *(if known)* | Address: | | | |
| Existing use: | Proposed use: *(if different)* | | | |
| Irish Historic House in private ownership application[[1]](#footnote-1)? | YES |  | NO |  |

**1c. Classification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes or No** | **If yes: enter registration number** | |
| Is the structure: | (a) protected under the National Monuments Acts? |  | RMP: | |
| (b) a protected structure? |  | RPS: | |
| (c) in an ACA?\* |  | Name of ACA: | |
| (d) included in the NIAH?\*\* |  | NIAH: | Rating: |

\* ACA = Architectural Conservation Area \*\* NIAH = National Inventory of Architectural Heritage ([www.buildingsofireland.ie](http://www.buildingsofireland.ie))

**1d. Statutory Notifications**

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **If yes: enter date applied/received** |
| Do the proposed works require or have they been granted planning permission? |  | Date applied: |
| Planning status: |
| Planning Ref. No: |
| Do the proposed works require notification to the Minister under the National Monuments Acts? |  | Date of notification: |
|  |
| Do the proposed works require Ministerial consent or have they received consent under Section 14 of the National Monuments Act 1930 (as amended)? |  | Date applied: |
| Date received:  Reference No: |

**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**

**1e. Project Summary**

|  |  |  |
| --- | --- | --- |
|  | **Summary** | |
| In no more than 300 words, summarise the proposed works having regard to:  (a) The significance of the structure  (b) The urgency of the works  (c) The efficacy of the works |  | |
| Start and finish dates of proposed works? | Start: | Finish: |

**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**

**1f. Expenditure in relation to proposed works**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Estimated Costs of Works: | €  *(excluding VAT)* | €  *(including VAT)* |
| Estimated Professional Fees: | €  *(excluding VAT)* | €  *(including VAT)* |
| **Total grant sought:** | **€** | |
| Amount of matching funds: | € | |
| Source of matching funds? |  | |
| Does Section 482 determination apply to this structure?\* |  | |
| Have you applied for Section 482 tax relief? |  | |
| Is VAT recoverable? |  | |
| Have you applied for other EU/Exchequer funding/Tax Reliefs?\* |  | |
| Have other EU/Exchequer funding/Tax Reliefs been received/refused? \*\* |  | |

\* Section 482 of the Taxes Consolidation Act 1997 (formerly Section 19 of the Finance Act 1982)

\*\* This application will be cross-checked with grant data held by other state agencies (i.e., The Heritage Council and the Department of Housing, Planning, Community and Local Government) to verify eligibility for this grant)

**FORM A - SECTION ONE – TO BE COMPLETED BY OWNER/APPLICANT**

**1g. Personnel employed on the project**

**No. 1 Conservation Professional**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name: |  | Position: |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Tax Reference Number together with Tax Compliance Access Number: |  | |
|  |  |  |

**No. 2 Conservation Professional**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name: |  | Position: |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Tax Reference Number together with Tax Compliance Access Number: |  | |
|  |  |  |

**No. 3 Contractor(s)/Tradesperson(s) if known**

|  |  |  |
| --- | --- | --- |
| No. 3 |  | |
| Name: |  | Position: |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Tax Reference Number together with Tax Compliance Access Number: |  | |
| Satisfactory level of subcontractor tax compliance demonstrated: *(if applicable)*\* | Yes: | No: |

\*see [www.revenue.ie](http://www.revenue.ie) for further details on tax clearance procedures for contractors/subcontractors

**If necessary please use separate page to complete this section**

**FORM A - SECTION ONE-TO BE COMPLETED BY OWNER/APPLICANT/LOCAL AUTHORITY**

**1h. Declaration by Owner/Applicant**

I, the applicant, certify that:

1. I understand and fulfil all the terms and conditions of the grant scheme
2. The information provided in the application form and supporting documents is correct and I will notify the relevant local authority if there is any change in that information
3. My tax affairs are in order
4. I understand that payment of a grant by a local authority under this scheme does not imply a warranty on the part of the authority or the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs in relation to the suitability or safety of the works concerned or the state of repair or condition of all or any part of the structure concerned or its fitness for use.
5. I understand that the local authority or the Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs may make any enquiries that it considers necessary to establish my eligibility for a grant, and that the local authority’s and the Minister’s decisions are final.

Applicant’s Signature:  Date:

**1i. Checklist for Owners/Applicants/Local authorities (Insert Yes or No accordingly)**

|  |  |  |
| --- | --- | --- |
| **The following must be included in all applications to local authorities** | **Owner**  **Yes/No** | **Local authority**  **Yes/No** |
| Form A -Section One completed by applicant |  |  |
| Form A – Section Two completed by local authority | **NA** |  |
| Site location map with location of works clearly marked in red |  |  |
| Proof of Tax Compliance submitted to local authority |  |  |
| Written consent of property owner for proposed works (if applicable) |  |  |
| Method statement attached *(not more than 10 A4 pages)* |  |  |
| Verified by local authority *(who must sign hereunder)* | **NA** |  |
| Local authority signature:\* Date:  Position:\* | | |

\* **Section One** must be verified as correct by the local authority Architectural Conservation Officer or equivalent

1. Please indicate YES if applying under Irish Historic Houses segment. Otherwise, please indicate NO [↑](#footnote-ref-1)