

COMHAIRLE CHONTAE CHILL CHAINNIGH
Kilkenny County Council
County Hall
John Street
Kilkenny



Tel: 056 7794000 / Fax: 056 7794004
Email: Planning@kilkennycoco.ie /
Website: www.kilkennycoco.ie

Application Form to Further Extend the appropriate period of Planning Permission THAT RELATES TO 20 OR MORE HOUSES Section 42 (as amended) of Planning & Development Acts 2000-2018 & Articles 40 to 47 of Planning & Development Regulations 2001-2018

(Please consult Section 42 as revised, prior to making this application)

=====

1. NAME OF APPLICANT: _____

ADDRESS: _____

NAME OF PERSON ACTING ON BEHALF OF APPLICANT: _____

ADDRESS: _____

2. ON SEPARATE PAGE PROVIDED, PLEASE PROVIDE THE TELEPHONE NUMBER AND E-MAIL ADDRESS, IF ANY, OF THE APPLICANT

AND OF THE PERSON, IF ANY, ACTING ON BEHALF OF THE APPLICANT

3. ADDRESS TO WHICH CORRESPONDENCE IS TO BE SENT: _____

4. THE LOCATION, TOWNLAND OR POSTAL ADDRESS OF THE LAND OR STRUCTURE CONCERNED, AS MAY BE APPROPRIATE:

5. STATE APPLICANT'S INTEREST IN THE LAND SUBJECT TO THE APPLICATION (e.g. Owner, Lessee, prospective purchaser etc.): If applicant is not the owner, a letter signed by the landowner, consenting to the making of the application must be submitted:

6. DESCRIPTION OF THE DEVELOPMENT TO WHICH THE PERMISSION RELATES:

7. (a) DATE OF PERMISSION: _____ REFERENCE NUMBER _____, AND
(b) ITS REFERENCE TO BE EXTENDED _____

8. DATE ON WHICH PERMISSION WILL CEASE TO HAVE EFFECT _____

9. DATE OF COMMENCEMENT OF THE DEVELOPMENT TO WHICH THE
PERMISSION RELATES: _____

10. DETAILS OF ALL WORKS CARRIED OUT TO DATE PURSUANT TO THE
PERMISSION REFERRED TO IN Q7:

11. A STATEMENT AS TO WHETHER AN ENVIRONMENTAL IMPACT ASSESSMENT
OR APPROPRIATE ASSESSMENT, OR BOTH OF THOSE ASSESSMENTS, WERE
REQUIRED BEFORE THE PERMISSION TO WHICH THE APPLICATION REFERS
WAS GRANTED:

12. THE ADDITIONAL PERIOD BY WHICH THE PERMISSION IS SOUGHT TO BE
EXTENDED:

13. THE DATE ON WHICH THE DEVELOPMENT IS EXPECTED TO BE COMPLETED:

14. FEE OF €62 ENCLOSED: YES

Payment to be made by Cash or Cheque which should be made payable to Kilkenny County Council.

Debit/Credit Card Payments also accepted.

I certify that the information given herein is correct and I hereby apply for an extension in the period of validity of the above planning permission pursuant to the Planning & Development Acts 2000-2018.

SIGNATURE OF APPLICANT: _____

DATE: _____

Ref: P. ____ / ____ (Office use only)

ADDITIONAL CONTACT INFORMATION
APPLICATION FOR EXTENSION OF DURATION OF PLANNING PERMISSION

THIS PAGE MUST BE PRINTED SEPARATELY AS IT WILL NOT BE PUBLISHED AS PART OF THE PLANNING FILE

NAME OF APPLICANT:

TEL NO: _____

EMAIL ADDRESS: _____

NAME OF PERSON ACTING ON BEHALF OF APPLICANT:

TEL NO: _____

EMAIL ADDRESS: _____