



Offaly County Council

Áras an Chontae, Tullamore, Co. Offaly

Tel.: (057) 93 57416 Fax: (057) 93 29231 Email enquiries: water@offalycoco.ie

Grant for the provision or necessary improvement of an individual water supply to a house

APPLICATION FOR A GRANT

EXPLANATORY NOTES: -

- This form must be completed by the person applying for the grant. Please read the Explanatory Memorandum for the scheme before you complete this form.
 - This form must be accompanied by: -
 - (a) A site location map of the house concerned
 - (b) Where the exact nature and extent of proposed works are known at the time of application: -
 - A detailed specification of the proposed works, and
 - A detailed estimate of cost of the proposed works
 - For applications for water treatment, please enclose both chemical and bacteriological analysis.
 - Incomplete or unsigned forms will be returned to applicant
 - **WORKS CARRIED OUT BEFORE A PRIOR INSPECTION BY THE LOCAL AUTHORITY DO NOT QUALIFY FOR A GRANT**
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1. Full name of
 - (a) Applicant: _____
 - (b) Spouse: _____
2. PPS Number
 - (a) Applicant: _____
 - (b) Spouse: _____
3. Present postal address: _____

Eircode: _____
4. Telephone Numbers
Home: _____ Work: _____
5. (a) Address of house where water supply is being provided or improved:

(b) Is this your normal place of residence? **YES/NO**
(c) How long have you been residing at this address? _____
6. Age of house: _____ years
7. Is there an existing supply of piped water in the house? In what respect is it seriously deficient?

8. Has any grant in respect of the house been received previously from:
- The Department of the Environment & Local Government? YES/NO
 - The Department of Arts, Culture & the Gaeltacht? YES/NO
 - A Local Authority? YES/NO

If so, please give details of such grants (the nature of the grant, Department or authority which paid, date of payment, amount of grant, reference numbers, etc.)

9. Do the proposed works involve:

an up-grading of an existing supply?

The provision of a new supply?

(please tick as appropriate)

10. Description of the proposed works:

11. Will the new or up-graded water supply be used for non-domestic purposes?

Yes

No

12. Estimated cost of proposed works: € _____

13. Name and address of contractor(s):

Telephone Numbers:

Office: _____ Mobile: _____

14. Contractor's income tax reference number: _____

Contractor's V.A.T. reference number: _____

Contractor's Tax District: _____

Contractor's C2 Certificate number: _____

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.
- (c) It is my normal place of residence.
- (d) My tax affairs are in order.

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____