



Comhairle Contae Thiobraid Árann Thuaidh

North Tipperary County Council

PLANNING & DEVELOPMENT ACTS 2000 to 2010

**APPLICATION TO EXTEND DURATION OF
PLANNING PERMISSION**

1. Name of Applicant (s): _____

Address to be supplied at the end of this form (Question 14)

(Note: When applicant is a Company, name of Company Directors and Registered Address of Company should be given.)

2. Name of Agent to whom
Correspondence is to be sent: _____

Address to be supplied at the end of this form (Question 15)

3. Location, townland, or postal address of the land or structure concerned, as
may be appropriate: _____

4. The legal interest in the land or structure held by the applicant:

5. Application for extension of the duration of:
(strike out whichever is not applicable)
(a) Permission (b) Permission Consequent

6. Date of permission and its reference to be extended:

Date: _____ Reference No: _____

7. Date of commencement of the development
to which the permission relates: _____

or

The projected date of commencement of the
development to which the permission relates: _____

8. Details of all works carried out, or which will be carried out, on foot of the permission prior to expiry date of permission:

or

Details regarding the consideration of a COMMERCIAL OR ECONOMIC OR TECHNICAL nature beyond the control of the applicant which substantially militated against the commencement of the development or the carrying out of substantial works: _____

- 9 The additional period by which the permission is sought to be extended : _____

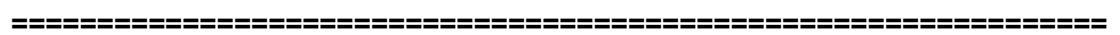
- 10 The date on which the development is expected to be completed: _____

*Question 11 & 12 are for Applications to further extend appropriate period only
(applicable where extension of duration granted prior to 19th August, 2010)*

11 Details of all works carried out, on foot of the permission since the permission was extended or further extended: _____

12 Details of the circumstances beyond the control of the person carrying out the development due to which the development has not been completed:

13 Fee of €62 enclosed Yes



I hereby certify that the information given in this form is correct:

Signature of Applicant(s) _____

Date: _____

This application form and relevant fee should be submitted to:

**North Tipperary County Council,
Planning and Development Section,
Civic Offices,
Limerick Rd,
NENAGH,
Co. Tipperary.**

Telephone No. (067) 44652
Fax No. (067) 44654
E-Mail planning@northtippcoco.ie

GUIDANCE NOTES

- (1) In accordance with the Planning and Development Regulations 2010 the following requirements apply:-
 - (a) An application to extend the Duration of a Permission may not be made earlier than one year before that Permission is due to expire.
 - (b) An application for an Extension of Duration can be entertained only where:
 - (i) the application to extend the Duration of the Permission is made before the expiry date of the Permission.
 - (c) Where a proper and complete application is received, a decision must be conveyed to the applicant within eight (8) weeks except where additional necessary information is required.
- (2) All queries on the form must be completed and the form must be accompanied by the relevant fee. **THE AMOUNT OF THE FEE IS CURRENTLY €62-00.**
- (3) Question 11 & 12 are for Applications to further extend appropriate period only (applicable where extension of duration granted prior to 19th August, 2010) Query's no 11 & 12 on the application form should be replied to very carefully as the applicant's right to a further extension is decided on these details.
- (4) **Under the Planning & Development Acts 2000 - 2010 a decision to extend an appropriate period shall be made once and once only and a planning authority shall not further extend the appropriate period.**

N.B. These notes are intended for the guidance of applicants only and do not purport to be a legal interpretation of the various Acts and Regulations referred to.

CONTACT DETAILS

14. Applicant address

<i>Applicant</i>	
<i>Address</i>	
<i>Telephone No.</i>	
<i>E-mail</i>	

15. Agent's (if any) address

<i>Agent (if any)</i>	
<i>Address</i>	
<i>Telephone No.</i>	
<i>E-mail</i>	
Should all correspondence be sent to the above address? (please tick appropriate box) (Please note that if the answer is 'No', all correspondence will be sent to the Applicant's address)	
Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

FOR OFFICE USE ONLY

<u>DATE STAMP</u>
<i>Fee Recd. €</i> _____
Receipt No _____
Date _____
Received by _____