

Appendix I

Application Form A

Historic Structures Fund 2023

Please tick relevant box

Stream 1	
Stream 1, Historic Shopfronts Sub-stream (English)	
Stream 1, Historic Shopfronts Sub-Stream (Irish)	
Stream 2	
Partnership	
Vernacular Structures Stream	

Please Note The Following Before Completing This Form

The Form must be completed in full - incomplete applications will not be considered

- 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 **Section 2a.**
- 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 **Section 2c.**
- 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 **2c.**
- 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 the Department should be provided in Section
 2c.
- 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 HSF, state this in Section 2c, including the case reference number issued by the National Monuments Service.
- An indication of whether the project is to include a training element should be given in **Section 3(a)**.
- Details of matching funding being provided by the applicant must be stated in Section 4a. The applicant must indicate the matching amount and the source of the 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 **Section 4a.**
- 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 **Section 4b**.

- 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 **Section 4b.**
- The works should follow the conservation principles set out in the Department's <u>Architectural</u> Heritage Protection Guidelines for Planning Authorities (2011) and <u>Advice Series</u> publications (https://www.buildingsofireland.ie/app/uploads/2019/10/Architectural-Heritage-Protection-Guidelines-for-Planning-Authorities-2011.pdf)
- Bats are protected under the EU Habitats Directive. Any proposed works which
 may affect bats or their roosts should take cognisance of DHLGH's bat mitigation
 guidelines. These are available at:
 https://www.npws.ie/publications/search?title=bat+mitigation&keyword=&author=&series=All&year=&x=0&y=0

Form A - Section One

1a. Owner's Details

Owner's Name:		
Address:		
Telephone/Mobile Number:		Email:
Charity Number (if applicable)		
Charity Number: (if applicable)		
Tax Reference Number		
Tax Clearance Access Number:		
1b. Applicant Details (if not the own	er)	
1b. Applicant Details (if not the own	er)	
1b. Applicant Details (if not the own Name:	er)	
	er)	
Name:	er)	
Name:	er)	
Name:	er)	Email:
Name: Address:	er)	Email:
Name: Address:	er)	Email:
Name: Address: Telephone/Mobile Number:	er)	Email:
Name: Address: Telephone/Mobile Number: Charity Number:(if applicable) Tax Reference Number	er)	Email:
Name: Address: Telephone/Mobile Number: Charity Number:(if applicable)	er)	Email:
Name: Address: Telephone/Mobile Number: Charity Number:(if applicable) Tax Reference Number Tax Clearance Access Number Please indicate if the consent of	er)	Email:
Name: Address: Telephone/Mobile Number: Charity Number:(if applicable) Tax Reference Number Tax Clearance Access Number Please indicate if the consent of the owner been obtained to apply	er)	Email:
Name: Address: Telephone/Mobile Number: Charity Number:(if applicable) Tax Reference Number Tax Clearance Access Number Please indicate if the consent of	er)	Email:

Form A - Section Two

2a. Structure Details

Name:	Address:
Year of construction: (if known)	Eircode:
Existing use:	Proposed use: (if different)

2b. Classification

		Yes or No	If yes: enter registration	number
	(a) a protected structure?		RPS:	
	(b) proposed for inclusion in the RPS?			
Is the	(c) protected under the National Monuments Acts?		RMP:	
structure:	(d) in an Architectural Conservation Area (ACA)		Name of ACA:	
	(e) included in the National Inventory of Architectural Heritage (www.buildings ofireland.ie)		NIAH:	Rating:

2c. 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 permission.		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		Date applied:
14 of the National Monuments Act 1930 (as amended)?		Date received:
		Reference No:
Do any other Statutory Requirements apply?		Details:

Form A - Section Three

3. Project Summary

(a) Please provide a short, concise description (no more than 25 words) of the type of works to be specifically funded under HSF2023 below, including training element, if proposed:

Sumr	nary	
	no more than 300 words, summarise oposed works having regard to:	
(i)	The significance of the structure	
(ii)	Efficacy of the grant in achieving the aims of the Historic Structures Fund	
(iii)	Contribution of the proposed works to keeping the structure in use or bringing it back into use.	

	under Stream 2 of the e public or community oject.	
Start and finish dates of proposed works?	Start:	Finish:

Form A - Section Four

4a. Expenditure in relation to proposed works

Estimated Costs of Works	€	€
LStilllated Costs of Works	6	-
	(excl. VAT)	(incl.VAT)
If a training element is	€	€
proposed (see Section 3a),		
please provide estimated	(excl. VAT)	(incl. VAT)
cost of training provision		
Estimated Professional	€	€
Fees:	(excl. VAT)	(incl. VAT)
	(CACI. V/(I)	(IIIOI. V/VI)
Estimated Total Cost of	€	
Project Project		
1.0,000		
Total grant sought:	€	
Amount of matching	€	
funds:		
Source of matching		
funds?		

4b. Other Grants and Reliefs

Does Section 482	
determination apply to this	
structure?*	
Is VAT recoverable?	
Has any other EU,	
Exchequer funding, or Tax	
Reliefs been applied for or	
received in respect of this	
project?	
Have any other grants	
been applied for?	

^{*} Section 482 of the Taxes Consolidation Act 1997 (formerly Section 19 of the Finance Act 1982)

Form A - Section Five

5. Personnel employed on the project

Conservation Professional

Name:	Position/qualification:
Address:	
Telephone/Mobile Number:	Email:
Tax Reference Number:	
Tax Clearance Access Number:	

Contractor(s)/Tradesperson(s) if known

Name:		Position/qualification:
Address:		
Telephone/Mobile Number:		Email:
Tax Reference Number:		
Tax Clearance Access Number:		
Satisfactory level of subcontractor tax compliance demonstrated: (if applicable)*	Yes:	No:

If necessary please use separate page to complete this section

^{*}see www.revenue.ie for further details on tax clearance procedures for contractors/subcontractors

Form A - Section Six

6. Declaration by the 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 under this scheme does not imply a warranty on the part of the authority or the Minister for Housing, Local Government and Heritage 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 Housing, Local Government and Heritage 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:
------------------------	-------

gov.ie/housing

