

For office use only  
Building ID No: \_\_\_\_\_  
Valuation Office ID No: \_\_\_\_\_  
Water Services Ac. No: \_\_\_\_\_  
Rates Ac. No: \_\_\_\_\_



**Comhairle Cathrach  
& Contae Phort Láirge**  
Waterford  
City & County Council

**Waterford City & County Council  
Office Refurbishment Grant Application Form**

**Instructions for completing Application Form:**

1. Please ensure you have read the Waterford City & County Council Office Refurbishment Grant Scheme.
2. Please ensure that all required documents as outlined in the Checklist are submitted with your application form as failure to do so will delay the processing of your application form and may result in refusal of an application.

**Personal Details**

1. Name of Applicant \_\_\_\_\_

2. Address for \_\_\_\_\_

Correspondence \_\_\_\_\_

3. Email Address \_\_\_\_\_

4. Contact Phone Number \_\_\_\_\_

5. PPS Number \_\_\_\_\_

**Office Details**

7.1 Address of the premises \_\_\_\_\_

7.2 Are these premises currently vacant? Yes  No

7.3 Are the premises currently used as office accommodation? Yes  No

7.4 If no, please provide details of current usage.  
\_\_\_\_\_  
\_\_\_\_\_

7.5 If planning permission is required, please confirm that planning permission has been granted and include the Planning File Number.  
\_\_\_\_\_

7.6 Please provide details of the total floor space available for office accommodation that will result from this refurbishment (sq m.)  
\_\_\_\_\_

7.7 How many people will be (or are) employed (including owner manager) in this business?  
\_\_\_\_\_

8.0 Do you own the property? Yes  No

8.1 Are you leasing the property? Yes  No   
*Note: A copy of the lease agreement must be included with your application.*

8.2 Please indicate the period of lease (start date and end date).

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#### Refurbishment costs

*Note: Please provide details of incurred refurbishment costs (attach additional sheets if required). Please note, that only invoices where proof of payment is provided will be considered eligible costs. Please see Guidance Note for details of eligible costs.*

| Item | Amount € |
|------|----------|
|      |          |
|      |          |
|      |          |
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|      |          |

#### Application Process

Completed Applications should be submitted by post to:  
Non Competing Retail & Services Grant Scheme,  
Director of Economic Development,  
Waterford City & County Council,  
City Hall,  
The Mall,  
Waterford

**Closing Date for receipt of applications:** 31<sup>st</sup> December 2016

| Checklist  | ✓ |
|--|---|
| Completed Application Form   |   |
| Photograph of premises   |   |
| Letter from agent or landlord outlining last occupied date (if premises is vacant) |   |
| Copy of lease if applicable  |   |
| Copies of all relevant invoices and proof of payment                               |   |