

**TIPPERARY COUNTY COUNCIL****Cashel - Tipperary Municipal District.****Streetscape and Shop Enhancement Scheme 2019****Town** Cashel Tipperary **(Tick as appropriate)**Council Contact Person: **Marie Lynch** Phone:- **0761065000**

Name:	<input type="text"/>	Business Name:	<input type="text"/>
Address:	<input type="text"/>		
Business Address:	<input type="text"/>		
Tel. Number:	<input type="text"/>	Business type:	<input type="text"/>
E-Mail Address:	<input type="text"/>		
Applicants Interest in property:	<input type="text"/>		
If not owner - state owners name & attach owners consent:-	<input type="text"/>		
Owners contact details:	<input type="text"/>		
Do the works require planning permission:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
If yes - state date of application:	<input type="text"/>	Ref No:	<input type="text"/>
Description of works/enhancements proposed:	<input type="text"/>		
Value of Grant Assistance sought:	€ <input type="text"/>	<input type="text"/>	
If Max €650 - address of adjoining property -			
I/We declare that I/we have read the Guidance Notes and understand the conditions therein. All information given within this application and any supporting material is correct to the best of my/our knowledge. I/we agree to Tipperary Town Council making any necessary enquiries relating to the assessment of this application for grant assistance.			
Signed:	<input type="text"/>	Date:	<input type="text"/>
Office Use Only:	Date Application received:	<input type="text"/>	
Application Complete:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	F/I Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>
Photograph Included:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	F/I Received: Yes <input type="checkbox"/> No <input type="checkbox"/>
Decision to Grant assistance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount awarded: <input type="text"/>
Signed:	<input type="text"/>		
