PLANNING & DEVELOPMENT ACTS 2000 (as amended)

APPLICATION TO FURTHER EXTEND DURATION OF
PLANNING PERMISSION THAT RELATES TO 20 OR MORE HOUSES

1. Name of Applicant (s): ____________________________________________

   Address to be supplied at the end of this form (Question 12)

   (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 13)

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. Development to which the permission relates: _______________________

   ____________________________________________ ______________________

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

   Grant Date:   Expiry Date:   Reference No:

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

   ____________________________________________ ______________________
8. Details of all works carried out to date pursuant to the permission referred to in Q6:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. A statement as to whether an environmental impact assessment of appropriate assessment, or both of those assessments, were required before the permission to which the application refers was granted

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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:

________________________________________________________________________

11. Fee of €62 enclosed

    Yes □

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

Signature of Applicant(s) ___________________________ Date:
GUIDANCE NOTES

(1) In accordance with the Planning and Development Regulations 2001, as amended, 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 the application is made before the expiry date of the Permission or where the permission expired between 19/07/16 and 08/08/17 by 07/02/18.

(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.

(d) The additional period cannot exceed 5 years or extend beyond 31/12/21.

(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.

This application form and relevant fee should be submitted to:

| Planning Section, Tipperary County Council, Civic Offices, Limerick Road, Nenagh, Co. Tipperary | OR | Planning Section, Tipperary County Council, Civic Offices, Emmet Street, Clonmel, Co. Tipperary |
| Enquires: |
| Telephone 0761 06 5000 |
| E-Mail planning@tipperarycoco.ie |
### CONTACT DETAILS

12. **Applicant’s address**

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<thead>
<tr>
<th>Applicant</th>
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<tbody>
<tr>
<td>Address</td>
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<td>Telephone No.</td>
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<td>E-mail</td>
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13. **Agent’s (if any) address**

<table>
<thead>
<tr>
<th>Agent</th>
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*Please advise where all correspondence in relation to this application is to be sent;*

Applicant [ ]  Agent [ ]

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### FOR OFFICE USE ONLY

**DATE STAMP**

*Fee Recd. €************

Receipt No************
Date************
Receipted by ************