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| **COMHAIRLE CATHRACH CHORCAÍ** CORK CITY COUNCILOperations Directorate – Roads Operations Division |  |

**APPLICATION CLOSURE NOTIFICATION**

**Section A: To Be Completed by Cork City Council:**

Type of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licence No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bond Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspectoral Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Finalised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: Declaration by Applicant**

I declare that the works under the above licence number are completed and the area is clear of all building material etc and is now ready for Inspection by Cork City Council’s Road’s Department.

I further requested that the bond in the amount of €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ paid under receipt number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be processed subject to the area under the above licence being Certified in Order.

Any other Comments:

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide details & PPS Number or Tax Reference Number to whom the refund should be made: (Please note this should match the name on the receipt)**

**Please return completed forms as soon as the works are completed to the following:** *Cork City Council, Roads Operations Division, Room 333, City Hall, Cork. T12 T997*

**PLEASE RETURN THIS FORM WITHIN 2 WEEKS OF COMPLETION OF WORKS.**

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*We request that you read these as they contain important information about how we process personal data that is supplied to us.”*