



Comhairle Cathrach Chorcaí  
Cork City Council

Planning Policy Section  
Strategic & Economic  
Development Directorate

Further Information:  
[www.corkcity.ie/livingcity](http://www.corkcity.ie/livingcity)

## Living City Initiative

Urban Regeneration Tax Incentive Scheme

### Residential Application Form

Name of Applicant:	
Address of Applicant:	
Address of Property:	
Property EIRCODE:	
Property ID: (if available)	
Contact number:	
Contact email:	



Is the property within a Special Regeneration Area of Cork City?

Yes

No

Is the property a Protected Structure?

Yes

No

Is your building on the NIAH?

Yes

No

Is the property within an Architectural Conservation Area?

Yes

No

Was the property constructed before 1915?

Yes

No

Was the property originally built as a dwelling?

Yes

No

Is the property within a Special Archeological Zone?

Yes

No

Does the proposed work require planning permission?

Yes

No

If yes, has this been granted?

Yes

No

If granted, please state the Reference Number:

\_\_\_\_\_

What is the existing use of the property?

\_\_\_\_\_

Please state any planning reference numbers associated with the existing property

\_\_\_\_\_

What is the existing and proposed floor areas (sq. m.) of the property?

Existing

Proposed

Are you proposing to use the renovated/converted property as the:

Owner/  
Occupier

Residential  
Rental

Are you proposing to convert the property into two or more residential units?

Yes

No



Detailed description of works intended to be carried out:

An estimate cost of works:

€

Timeframe for works (estimated beginning and end dates):

What is the current market value of the property:

€

Are you applying for or receiving any State funded grants for this work?

If Yes, please state the type of grant and amount:

Will the property be first occupied by the owner as their main residence after the refurbishment/conversion works are complete?

Yes

Yes

No



I declare that the information provided in this form is correct and accurate.

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

For Office Use Only:

URN: \_\_\_\_\_

