



Comhairle Cathrach Chorcaí Cork City Council

Planning Policy Section Strategic & Economic Development Directorate

Further Information: 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?
Is the property a Protected Structure?
Is your building on the NIAH?
Is the property within an Architectural Conservation Area?
Was the property constructed before 1915?
Was the property originally built as a dwelling?
Is the property within a Special Archeological Zone?
Does the proposed work require planning permission?
If yes, has this been granted?

If granted, please state the Reference Number:

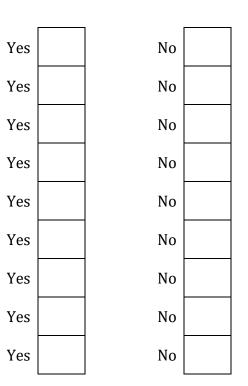
What is the existing use of the property?

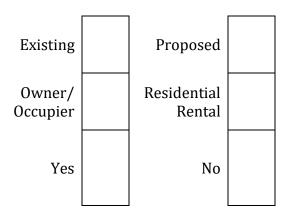
Please state any planning reference numbers associated with the existing property

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

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

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







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Detailed	description	of works	intended	to he	e carried out:
Detaneu	uescription	01 001103	mucu	10 00	carried out.

An estimate cost of works:	€
Timeframe for works (estimated beginning and end dates):	

What is the current market value of the property:	€
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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 <u>first occupied</u> by the owner as their main	Yes	Yes	No
residence after the refurbishment/conversion works are complete?			



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

Applicant Signature:

\_\_\_\_\_

Date:

\_\_\_\_

For Office Use Only:

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

