



**Grant for the provision or necessary improvement of an
Individual water supply to a house.**

Local Authority: CORK COUNTY COUNCIL

Explanatory Notes:

- **This form must be completed by a person applying for a grant and returned to the Local Authority. Please read the Explanatory Memorandum for the scheme before you complete this form.**

Please note: Residence must be applicant's permanent place of residence.

- **This form must be accompanied by –**
 - (a) **a site location map of the house concerned, and**
 - (b) **where the exact nature and extent of proposed works are known at the time of application,**
 - **a detailed specification of the proposed works, and**
 - **a detailed estimate of cost of the proposed works.**
- **Incomplete or unsigned forms will be returned.**
- **Works carried out before a prior inspection by the local authority do not qualify for a grant.**
- **Please submit two copies of completed application form (original signed form & 1 copy)**

1. Full name of

(a) Applicant _____

(b) Spouse/Partner _____

2. Revenue and Social Insurance Number

(a) Applicant _____

(b) Spouse/Partner _____

3. Present postal address

4. Contact Details:

Telephone numbers Home _____ Work _____

Mobile _____

E-mail _____

5. Address of house where water supply is being provided or improved

6. Are you a permanent resident and the registered owner of address stated in number 5?

Yes No

7. Age of house _____ years

8. If there is an existing supply of piped water in the house, in what respect is it seriously deficient?

9. Has any grant in respect of the house been received previously from –

- | | | |
|--|------------------------------|-----------------------------|
| - the Department of the Environment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - the Department of Arts, Culture and the Gaeltacht? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - a local authority? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If so please give details of such grants (the nature of the grant, Department or authority which paid, date of payment, amount of grant, reference numbers, etc.)

10. Do the proposed works involve –

- an up-grading of an existing supply?
 - the provision of a new supply?
- (please tick as appropriate)

11. Description of the proposed works

12. Will the new or up-graded supply of water be used for non-domestic purposes?

Yes

No

13. Estimated cost of proposed works _____ (Vat incl.)

14. Name and address of contractor(s)

Denis T. O'Sullivan (Sales & Services) Ltd.,

Gilcaugh, Vicarstown, Co. Cork.P32 FC61._____

Telephone Numbers: 021-7332054 / Mobile: 087-2538763

15. Contractor's income tax reference number IE 3401993NH

Contractor's VAT reference number IE 3401993NH

Contractor's Tax District S/W – Cork N/W

Contractor's C2 Certificate number PPSN 3401993NH Access No 756891

Tax clearance certificate expiry date N/A

Declaration by applicant

I declare that –

- (a) the information given by me for the purpose of obtaining a grant is correct,
- (b) I am aware of the conditions of payment for the grant and believe that these conditions are fulfilled, and
- (b) my tax affairs are in order

I understand that the local authority may make any enquiries from official sources as it may consider necessary to establish entitlement to the grant.

Applicant's signature: _____ Date _____

Two copies of completed form and original relevant documentation should be returned to the following address:

**Domestic Well Grants Section
Water Services – Finance & Administration
Floor 11
Cork County Council
County Hall
Cork
Tel No.: 021 4285353**