Comhairle Chontae An Longfoirt
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APPENDIX IV

Extension Grant Refurbishment Period

Please ensure that this form is complete and signed. Failure may result in your application becoming invalid.

APPLICANT DETAILS	
Name:	
Phone:	
Email:	
Application Reference Number	VP_

PROPERTY DETAILS	
Address:	
Eircode:	
Folio Number:	
Property Status:	
Type of grant applied:	☐ Vacant Property Refurbishment Grant €50.000 ☐ Derelict property top-up grant €70.000
Application Purpose:	☐ Primary Place of Residence ☐ Rental Property
Date of approval in principal letter:	
Amount Approved:	
Reason for Requesting Extension: *[e.g., weather conditions, builder delays, material delays, etc.]* **Photographs of the current refurbishment, showing the latest progress are needed.**	

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Requested Extension Period: *Number of days requested for extension* ***Not exceeding 90 days.***	

Please note that this extension request is subject to the approval of our team.
Kindly attach photographs of the current refurbishment, showing the latest progress.
Failure to provide these may impact the approval of your extension request.

SECTION A – DECLARATION *(Only tick the boxes that apply to your application)*

GRANT APPLICATION FOR EXTENSION OF GRANT REFURBISHMENT PERIOD

I/We hereby declare that:

☐ I understand the importance of adhering to the refurbishment timelines and assure you that I am committed to completing the works promptly within the extended period.

SECTION B – DATA PROTECTION

For information on how Longford County Council processes personal data, please refer to our privacy policy on our website www.longfordcoco.ie.

☐ I confirm that all information given above is true and complete and authorize Longford County Council to make any inquiries that it considers necessary or to verify the information from whatever in my application with the intention of deceit, I may not be eligible to avail of this scheme or any other future schemes run by Longford County Council.

☐ I declare that I intend in good faith to finish the refurbishment at the proposed deadline.

☐ Additionally, I understand clawback conditions will apply in case I fail to comply with the rules of the scheme.

Applicant`s Name: _____

Applicant`s Signature: _____ Date: ____ / ____ /_____

PLEASE SIGN AND RETURN THIS DOCUMENT TO LONGFORD COUNTY COUNCIL

Town Centre First | Vacant Homes Office 2 Church St, Longford, Co. Longford - N39 W1X7 / FAO: VACANT HOMES UNIT