



**COMHAIRLE BHAILE CHAISLEAN A'BHARRAI
CASTLEBAR TOWN COUNCIL**

**CASTLEBAR TOWN CENTRE SHOPFRONT GRANT SCHEME 2010
APPLICATION FORM**

Name of Applicant/ Company

Contact phone number

Address/Street of property

Applicant's address

Legal interest in the property:
(e.g. proprietor, tenant, leaseholder)

**Planning reference number
for property:**

Category (i.e 01 or 02)

(Cat 01/ Category 1 is for new Shopfronts)

(Cat 02/ Category 2 is for improvements to shopfronts)

Type of business:

Tax ref No :

Name of Contractor _____

Tax Ref of contractor _____

Intended commencement date _____

Intended completion date _____

Brief description of works (Drawings to be submitted with application)

**Contractor must submit valid C2.
Applicant to submit this form with Schedule of Documents.**

SIGNED: _____

DATE: _____

Castlebar Town Council encourages the use of Irish in shop front signage

**CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATIONS IS
4:00 p.m. on TUESDAY 1st JUNE 2010**