



SLIGO COUNTY COUNCIL
Comhairle Chontae Shligigh

APPLICATION FORM FOR PREPLANNING CONSULTATION

Address: Sligo County Council,
Planning Section,
City Hall, Quay Street,
Sligo

Tel: (071) 9114451 /
(071) 9114452

Fax: (071) 9114499

E-mail: planning@sligococo.ie

Website: www.sligococo.ie

Name of Applicant: _____
(Address must be supplied at end of this form)

Description of Development/ Proposed Development:

Location, townland or postal address of Development / Proposed Development

Interest of Applicant in Development/Proposed Development

Owner _____ **Other** _____
(Tick as Appropriate)

If other, please state interest in Development.

Name of person / agent acting on behalf of the applicant , if any _____
(Address to be supplied at end of this form)

Self Service Preplanning Number: _____

All questions must be satisfactorily answered.

This form must be accompanied by the following documentation:

1. Site location map (1:2500)
2. Plans/Drawings of the Development as appropriate.

Signed: _____ **Date:** _____

Office Use Only:

Pre-planning Number:

Date of Meeting:

Attendees:

ADDITIONAL CONTACT INFORMATION
NOT TO BE MADE AVAILABLE WITH APPLICATION

Please note:

- The applicant's address **must** be submitted on this page.
- If the applicant/agent wishes to submit additional contact information, this may be included here.
- This page will not be published as part of the Application.

1. Applicant:	
<i>Address (required)</i>	
<i>Telephone No.</i>	
<i>Email Address</i>	
<i>Fax No.</i>	

2. Person/Agent acting on behalf of the Applicant (if any):			
<i>Address: (required)</i>			
<i>Telephone No.</i>			
<i>Email Address (if any)</i>			
<i>Fax No. (if any)</i>			
Should all correspondence be sent to the above address? (please tick appropriate box) (Please note that if the answer is 'No', all correspondence will be sent to the Applicant's address)			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>