

**SLIGO COUNTY COUNCIL**

**Application for permission to erect Hoarding or Scaffolding**

1. Name & Address of Owner or Occupier \_\_\_\_\_  
\_\_\_\_\_
2. Name of Street & Number of House \_\_\_\_\_
3. Nature of work to be executed \_\_\_\_\_  
\_\_\_\_\_
4. Width of existing footway and/or Street \_\_\_\_\_
5. Width of proposed scaffolding or hoarding \_\_\_\_\_
6. Length of hoarding or scaffolding required \_\_\_\_\_
7. Period for which hoarding or scaffolding is required:  
From \_\_\_\_\_ to \_\_\_\_\_
8. Name and Address of Architect \_\_\_\_\_  
\_\_\_\_\_
9. State (a) Whether hoarding/scaffolding will be adequately lighted at night-time: **Yes/No**  
(b) Whether hoarding/scaffolding will afford adequate protection to pedestrians  
from building work: **Yes/No**  
(c) Whether hoarding/scaffolding will afford adequate protection to pedestrians  
from passing traffic: **Yes/No**
10. Name and address of Contractor \_\_\_\_\_  
\_\_\_\_\_
11. I hereby certify that I have, and will keep indemnified Sligo County Council against all  
claims for injuries or damages arising out of the erection and use of the scaffolding or  
hoarding from whatever source arising \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date \_\_\_\_\_

**Note: A Public Liability Insurance Policy indemnifying Sligo County Council, must be submitted with this application.**

***A fee must accompany this application.***