**PART B**

**Wexford County Council**

**Carricklawn, Wexford, Y35 WY93**

**Planning Section Tel. 053 9196101**

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| **SUPPLEMENTARY INFORMATION****TO BE COMPLETED FOR ALL SINGLE RURAL HOUSING APPLICATIONS** |

**By filling in this section of the application you will greatly assist the Planning Authority in considering your application, reduce the need for further information and will save time in having a decision reached.**

**1. Name of Applicant(s) (not agent)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Is the proposed dwelling for:**

Occupation as a place of primary residence **[ ]**

For Sale **[ ]**

Second / Holiday Home **[ ]**

**3. Indicate if in the event of a grant of planning permission you would be willing to accept an occupancy condition restricting first occupancy of the proposed house as a place of permanent residence for a period of 10 years.**

**Yes [ ] No [ ]**

Applicants or Agents are advised to consult with Table 4.6 Criteria for One-off Rural Housing of the Wexford County Development Plan that sets out the Council’s policy in relation to rural housing.

**4. Will the proposed development be located in:**

**(a) Area under Strong Urban Influence [ ]**

**(b) Stronger Rural Area [ ]**

**(c) Structurally Weak Area [ ]**

**(d) Coastal Zone [ ]**

**(e) Landscape & Heritage Area [ ]**



**The applicant is requested to demonstrate their need for the proposed dwelling having regard to their current living accommodation.**

**(a) 1. Have you ever owned a rural dwelling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(a) 2. Do you qualify as a first-time buyer? (**never owned a dwelling**)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Can you demonstrate one of the following rural housing needs to live at this particular location (as defined in Table 4.6 of the County Development Plan)**

**a) Social functional need [ ]**

**(If ‘yes’ please complete question 6)**

**b) Economic functional need [ ]**

**(If ‘yes’ please complete question 7)**

**6. Membership of Local Rural Area/Social Functional Need**

**If you have been a member of the local rural area in the area of the proposed site, please state length of time and approximate dates you have lived in the locality. Please provide a map showing proposed site & location of linkages to area and other evidence of rural linkage as appropriate.**

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**7. Economic Functional Need**

**Please provide details, including appropriate documentary evidence of an economic functional need to reside in the rural area.**

**8. Occupational Details**

|  |  |
| --- | --- |
| **Occupation** |      |
| **Name & Address of Employer** |      |
| **Actual Place of Work** |      |
| **Distance of work from proposed site** |      |

**9. Any other information in support of your application that you feel is relevant.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please continue on a separate sheet if required.**

**Please note that all information / supporting documentation submitted will be available publicly to view online and at the Planning Authority offices.**

Therefore, applicant(s) should ensure that any personal information (i.e. PPSN, Bank Account numbers, date of birth, etc.) is removed from the documentation before it is submitted as part of the planning application.

**Declaration by Applicant(s)**

**I hereby declare that the information provided in and accompanying this application is correct, accurate and true.**

**I understand that should any of the information be found to be deliberately misleading that the County Council shall**

**be entitled to take appropriate action.**

**GDPR Compliance**

I understand that **all** documentation provided with this planning application will be made available on our website, [www.wexfordcoco.ie](http://www.wexfordcoco.ie), prior to and following the decision on the application.

Please do not include any documents or information that you do not wish to be made public.

**Signature of Applicant(s) (not Agent)**

**Applicant 1 (Sign & Print Name)**

**Applicant 2 (Sign & Print Name)**

**Date \_\_\_\_/\_\_\_\_/\_\_\_\_**