**Wexford County Council**

**Carricklawn, Wexford Y35 WY93**

**Planning Section Tel 053 9196000 (Option 2)**

**SCHEDULE**

**Form No. 17 Article 6(5)**

**END OF YEAR NOTIFICATION FORM FOR SHORT TERM LETTING UNDER ARTICLE 6(5)(g)(ii) OF THE REGULATIONS \***

\*This form is to be completed by any person who has let their principal private residence for short term letting purposes during the calendar year.

|  |  |
| --- | --- |
| PART A - END OF YEAR NOTIFICATION OF SHORT TERM LETTING TO WHICH ARTICLE 6(5)(a)(ii) APPLIES | |
| |  | | --- | | 1. Address and Eircode of relevant property: | |  | |  | |  |
| 2. Total number of days during the year short term letting occured: |  |
| 3. Periods during the year short term letting occurred: |  |

|  |  |
| --- | --- |
| PART B – CONTACT DETAILS | |
| Name: |  |
| Address & Eircode: |  |
| Telephone number &/or  Mobile number: |  |
| E-mail address: |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that the property indicated at (1) above is my principal private residence and that all information contained in this form is true and correct.

Signed ………………………….. Date of Notification ……………….