**Wexford County Council**

**Carricklawn, Wexford Y35 WY93**

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

**SCHEDULE**

**Form No. 16 Article 6(5)**

**NOTIFICATION FORM FOR SHORT TERM LETTING UNDER ARTICLE 6(5)(g)(i) OF THE REGULATIONS WHERE THE 90 DAY THRESHOLD IS EXCEEDED \***

\*This form is only required to be completed by a person who lets their principal private residence while they are temporarily absent from the property for a cumulative period of 90 days.

|  |  |
| --- | --- |
| PART A - 90 DAY NOTIFICATION OF SHORT TERM LETTING TO WHICH ARTICLE 6(5)(a)(ii) APPLIES | |
| |  | | --- | | 1. Address and Eircode of relevant property: | |  | |  | |  |
| 2. Date on which the 90 day cap for short term letting was reached: |  |
| 3. Periods property was used for short term letting: |  |

|  |  |
| --- | --- |
| 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 ……………….