**Wexford County Council**

**Carricklawn, Wexford Y35 WY93**

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

**SCHEDULE**

**Form No. 15 Article 6(5)**

**START OF YEAR NOTIFICATION FORM FOR HOMESHARING/ SHORT TERM LETTING UNDER ARTICLE 6(5)(b)OR ARTICLE 6(5)(f) OF THE REGULATIONS**

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| PART A- NOTICATION DETAILS REQUIRED | |
| 1. Address and Eircode of relevant property: |  |
| 2. Name of relevant planning authority: |  |
| 3. Name of person/s making the notification: |  |
| 4. Documentation to confirm the property is a  principal private residence: |  |
| 5. If you are not the legal owner of the property, have you attached the owners consent to use the property for short term letting |  |
| 6. Is the property being used for:  (i) homesharing (to which article 6(5)(a)(i) refers),  (ii) short term letting  (to which article 6(5)(a)(ii) refers),  (iii) or both |  |
| (iv) Date in the year which first instance of short term letting will occur: |  |
| (v) Total intended days in the year short term letting will occur: |  |
| (vi) Intended periods in the year for short term letting: |  |

P.T.O.

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| PART B - CONTACT DETAILS (PERSON MAKING THE NOTIFICATION | |
| Name: |  |
| Address & Eircode: |  |
| TELEPHONE NUMBER &/or  MOBILE NUMBER: |  |
| E-mail address: |  |

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| PART C- CONTACT DETAILS (LEGAL OWNER)\* | |
| Name: |  |
| Address & Eircode: |  |
| TELEPHONE NUMBER &/or  MOBILE NUMBER: |  |
| E-mail address: |  |

\*Complete Part C if the person making the notification is not the legal owner of the property.

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 ……………….