

KERRY COUNTY COUNCIL



PLANNING & DEVELOPMENT ACT 2000, Section 42 (as inserted by Section 28 of the PLANNING AND DEVELOPMENT (AMENDMENT) ACT 2010)

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APPLICATION TO EXTEND DURATION OF PLANNING PERMISSION

Comhairle Contae Chiarraí, Áras an Chontae, Trá Lí, Co. Chiarraí

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Kerry County Council, County Buildings, Tralee, Co. Kerry

Tel: (066) 7183582 Web: <http://www.kerrycoco.ie> Fax: (066) 7120328

1. Name of Applicant (s): _____
Address of Applicant: _____

(Note: When applicant is a Company, name of Company Directors and Registered Address of Company should be given.)

2. Name of Agent to whom
Correspondence is to be sent: _____
Address of Agent to whom
Correspondence is to be sent: _____

3. Location, townland, or postal address _____
of the land or structure concerned, _____
as may be appropriate: _____

4. Interest in the land or structure
(please tick appropriate box)

(a) Owner

Yes

No

(b) If Other, please specify
Your interest held: _____

5. The development to which the permission relates:-

Permission: Reg. No. (as applicable) _____

Permission consequent
on the grant of outline: Reg. No. (as applicable) _____

6. Date permission granted: _____

Date on which permission will cease to have effect: _____

Please note an application to extend the appropriate period shall be made not earlier than one year before the expiration of the appropriate period sought to be extended.

SECTION 42 subparagraph (1)(a)(i)

**APPLICATION TO EXTEND DURATION OF PLANNING PERMISSION
WHERE SUBSTANTIAL WORKS HAVE BEEN CARRIED OUT.**

**Q 7 – 11 to be completed where substantial works have been carried out OR
Please proceed to question 12 if substantial works have NOT been carried out
OR**

Proceed to question 18 if application relates to 20 houses or more

7. Date of commencement of the development to which the permission relates: _____

8. Particulars of the substantial works carried out or which will be carried out pursuant to the permission before the expiration of the appropriate period: _____

9. The additional period by which the permission is sought to be extended: _____

10. The date on which the development is expected to be completed: _____

11. The circumstances beyond the control of the person carrying out the development due to which the development has not been completed. _____

SECTION 42 subparagraph (1)(a)(ii)

**APPLICATION TO EXTEND DURATION OF PLANNING PERMISSION
WHERE SUBSTANTIAL WORKS HAVE NOT BEEN CARRIED OUT.**

12 Projected date of commencement of the development to which the permission relates: _____

13. Details to satisfy Kerry County Council _____
that the development will be completed _____
within a reasonable time: _____

(Please answer either Q14 or Q15)

14 Give particulars of the considerations of a _____
COMMERCIAL OR ECONOMIC nature _____
beyond your control, which substantially _____
militated against the commencement of _____
the development or the carrying out of _____
substantial works: _____

SECTION 42 subparagraph (1)(a)

**APPLICATION TO EXTEND DURATION OF PLANNING PERMISSION
WHERE AN EXTENSION OF DURATION HAS ALREADY BEEN
GRANTED AND THE DEVELOPMENT RELATES TO 20 OR MORE
HOUSES AND WHERE SUBSTANTIAL WORKS HAVE BEEN CARRIED
OUT.**

18. Was an EIA or AA required before

the planning permission was granted?



Yes



No

to which the permission relates: _____

20. Particulars of the substantial works carried _____
out before the expiration of the permission _____ or the
extension of the permission: _____

21. The date of expiry of the extended permission: _____

22. The additional period by which the permission
is sought to be extended: _____

(NOTE: Permission cannot be extended beyond 31st December 2021)

23. The date on which the development is
expected to be completed: _____

24. Fee of **EUR 62** enclosed

Yes

No



<p>FOR OFFICE USE ONLY</p> <p><i>Fee Recd.</i> € _____</p> <p>Cash Cheque Money Order Draft Postal Order Receipt No _____ Date _____ Received by _____</p>

CONTACT DETAILS

25 Applicants contact details

<i>Applicant</i>	
<i>Telephone No.</i>	
<i>Email</i>	

26 Agent's (if any) contact details

<i>Agent (if any)</i>	
<i>Telephone No</i>	
<i>email</i>	
<i>Please indicate which address all correspondence is to be sent to. (Please tick appropriate box).</i>	
<input type="checkbox"/>	<input type="checkbox"/>
Applicant	Agent

I hereby certify that the information given in this form is correct:

Signature of Applicant(s) _____

Date: _____

Note: No further extension of Permission can be granted