



Rialtas na hÉireann  
Government of Ireland

## Appendix I

# Application Form A

## Historic Structures Fund 2025

Prepared by the Department of Housing, Local Government and Heritage  
[gov.ie/housing](https://www.gov.ie/housing)

**Please tick relevant box**

**Private**

**Public**

## Please note the following before completing this form:

The Form must be completed in full - incomplete applications will not be considered

- Please **type** in the relevant information if possible
- If handwritten, please use **BLOCK CAPITALS** or ensure script is legible
- All date entries should be entered in the format **DD/MM/YYYY**
- If the structure is not presently in use, its last use must be stated in **Section 1a**.
- If the structure is protected by any legislation other than the **Planning and Development Acts (e.g. the National Monuments Acts)**, this must be stated in **Section 2c**.
- Where planning permission has been applied for but no decision has been made, or where the decision is under appeal, state this and the date of application or appeal in **3b**.
- Where notification is required under Section 12 (3) of the **National Monuments (Amendment) Act 1994** (Recorded Monuments) or under Section 5 (8) of the **Amendment Act 1987** (Register of Historic Monuments) details of the date on which the notification was sent to the Department should be provided in **Section 3b**.
- Where Ministerial consent, under Section 14 of the **National Monuments Act 1930** (as amended), has been applied for but no decision has been made at the time of application to the HSF, state this in **Section 3b, including the case reference number issued by the National Monuments Service**.
- An indication of whether the project is to include a training element should be given in **Section 1c**.
- Details of matching funding being provided by the applicant must be stated in **Section 1c**. The applicant must indicate the matching amount and the source of the matching funds.
- The applicant must also indicate any grants, subsidies or assistance from statutory bodies, or sponsorship or assistance from a non-statutory source, received or being sought in **Section 1d**.
- The works should follow the conservation principles set out in the Department's **[Architectural Heritage Protection Guidelines for Planning Authorities \(2011\)](#)** and **[Advice Series](#)** publications  
(<https://www.buildingsofireland.ie/app/uploads/2019/10/Architectural-Heritage-Protection-Guidelines-for-Planning-Authorities-2011.pdf>)

- **Bats** are protected under the EU Habitats Directive. Any proposed works which may affect bats or their roosts should take cognisance of DHLGH's bat mitigation guidelines. These are available at:  
<https://www.npws.ie/publications/search?title=bat+mitigation&keyword=&author=&series=All&year=&x=0&y=0>
- **Images of structure must be provided with application form. Please note that the Department reserves the right to use any or all images supplied by either the applicant or the Local Authority to advertise or publicise the scheme.**



<p><b>(ii)</b> Efficacy of the grant in achieving the aims of the Historic Structures Fund</p> <p><b>(iii)</b> Contribution of the proposed works to keeping the structure in use or bringing it back into use.</p> <p><b>(iv)</b> The public or community benefit of the project.</p>		
<p><b>Start and finish dates of proposed works?</b></p>	<p><b>Start:</b></p>	<p><b>Finish:</b></p>

### 1c. Expenditure in relation to proposed works

<b>Estimated Costs of Works</b>	€ (excl. VAT)	€ (incl.VAT)
<b>If a training element is proposed (see Section 3a), please provide estimated cost of training provision</b>	€ (excl. VAT)	€ (incl. VAT)
<b>Estimated Professional Fees:</b>	€ (excl. VAT)	€ (incl. VAT)
<b>Estimated Total Cost of Project</b>	€	
<b>Total grant sought:</b>  <b>Year 1 and Year 2 funding sought (if seeking funding over two years):</b>	€  Year 1: €  Year 2: €	
<b>Amount of matching funds:</b>	€	
<b>Source of matching funds?</b>		

### 1d. Other Grants and Reliefs

Is VAT recoverable?	
Has any other EU, Exchequer funding, or Tax Reliefs been applied for or received in respect of this project?	
Have any other grants been applied for?	

### Form A – Section Two

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#### 2a. Owner's Details

Owner's Name:	
Address:	
Telephone/Mobile Number:	Email:
Charity Number: (if applicable)	
Tax Reference Number	
Tax Clearance Access Number:	



**2b. Applicant Details (if not the owner)**

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone/Mobile Number:</b>	<b>Email:</b>
<b>Charity Number:(if applicable)</b>	
<b>Tax Reference Number</b>	
<b>Tax Clearance Access Number</b>	
Please indicate if the <b>consent of the owner been obtained to apply</b> under this scheme and <b>attach consent</b> to this Form.	

## Form A – Section Three

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### 3a. Classification

		Yes or No	If yes: enter registration number	
Is the structure:	(a) a protected structure?		RPS:	
	(b) proposed for inclusion in the RPS?			
	(c) protected under the National Monuments Acts?		RMP:	
	(d) in an Architectural Conservation Area (ACA)		Name of ACA:	
	(e) included in the National Inventory of Architectural Heritage ( <a href="http://www.buildingsofireland.ie">www.buildingsofireland.ie</a> )		NIAH:	Rating:

### 3b. Statutory Notifications

	Yes or No	If yes: enter date applied/received
<p><b>Do the proposed works require or have they been granted planning permission?</b></p>		Date applied:
		Planning status:
		Planning Ref. No:
<p><b>Do the proposed works require notification to the Minister under the National Monuments Acts?</b></p>		Date of notification:
<p><b>Do the proposed works require Ministerial consent or have they received consent under Section 14 of the National Monuments Act 1930 (as amended)?</b></p>		Date applied:
		Date received:
		Reference No:
<p><b>Do any other Statutory Requirements apply?</b></p>		Details:

## Form A – Section Three

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### 3. Personnel employed on the project

#### Conservation Professional

<b>Name:</b>		<b>Position/qualification:</b>
<b>Address:</b>		
<b>Telephone/Mobile Number:</b>		<b>Email:</b>
<b>Tax Reference Number:</b>		
<b>Tax Clearance Access Number:</b>		

#### Contractor(s)/Tradesperson(s) if known

<b>Name:</b>		<b>Position/qualification:</b>
<b>Address:</b>		
<b>Telephone/Mobile Number:</b>		<b>Email:</b>
<b>Tax Reference Number:</b>		
<b>Tax Clearance Access Number:</b>		
<b>Satisfactory level of subcontractor tax compliance demonstrated:</b> (if applicable)*	<b>Yes:</b>	<b>No:</b>

\*see [www.revenue.ie](http://www.revenue.ie) for further details on tax clearance procedures for contractors/subcontractors

**If necessary please use separate page to complete this section**

## Form A – Section Four

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### 4. Declaration by the Applicant

I, the applicant, certify that:

1. I understand and fulfil all the terms and conditions of the grant scheme
2. The information provided in the application form and supporting documents is correct and I will notify the relevant local authority if there is any change in that information
3. My tax affairs are in order
4. I understand that payment of a grant under this scheme does not imply a warranty on the part of the authority or the Minister for Housing, Local Government and Heritage in relation to the suitability or safety of the works concerned or the state of repair or condition of all or any part of the structure concerned or its fitness for use.
5. I understand that the local authority or the Department of Housing, Local Government and Heritage may make any enquiries that it considers necessary to establish my eligibility for a grant, and that the local authority's and the Minister's decisions are final.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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