

Part C

Stage 3 - Payments

(To be filled out by the contractor)

Contractor's Details

Contractor's Name:

Contractor's Address:

Contractor's Contact Phone Number:

Construction Industry Register Ireland Registration Number (where applicable):

Tax Reference Number:

Tax Clearance Access Number:

Confirm the cost of carrying out the works for which this payment of grant relates (including VAT):

€

Note: An original itemised invoice for these works is required to process this application.

Contractor's Declarations – Please tick, as appropriate

I confirm that I am the contractor that has been commissioned by the dwelling owner: Yes No

Dwelling owner's name:

Dwelling address:

Eircode:

to carry out the remedial works as specified in the remedial works plan and that I am competent to carry out the remedial works concerned.

I have ensured that any persons employed or engaged by me to carry out any of the works involved are competent to carry out such works. Yes No

I confirm that the qualifying works to the dwelling concerned, for which this payment is being sought, have been completed to my satisfaction and in accordance with the remedial works plan concerned, and the works comply with the requirements of the Second Schedule to the Building Regulations, insofar as they apply to the remedial works concerned. Yes No

I confirm that I have attached my invoice for the remedial works carried out by me, for which this payment of grant is sought. Yes No

I consent to the verification of my tax compliance by the relevant local authority. Yes No

Data Protection Declaration

Please note that all information acquired by the local authority is obtained and processed in accordance with the Data Protection Acts 1988, 2003 and 2018 alongside current EU GDPR legislation. All information received will be stored, processed and used solely for the purpose for which it was given by the Data Subject. A Privacy Notice detailing how your data will be used is available from the local authority.

Please tick to confirm that you have read the above declaration.

Contractor's Signature: (to be signed by a Principal or Director of contractor company only)

Date:

On behalf of:

Address:

Contact Phone Number:

Email Address:

Print Name: