



A Planning Authority shall extend a permission as appropriate provided that the application is made in accordance with regulations made under the Planning & Development Act 2000 (as amended) and the Authority is satisfied in relation to the permission that:-

- The development to which such permission relates commenced before the expiration of the appropriate period sought to be extended, and
- Substantial works were carried out pursuant to such permission during such period.
- The development will be completed within a reasonable time.

Important Notes:

- An application to extend the appropriate period must be made **not** earlier than 1 year before the expiration of the appropriate period.
- Section 42(1)(a)(ii) of the Planning & Development Act 2000 has been deleted, therefore there is no possibility of an extension of duration for un-commenced development or development where substantial works have not been carried out.
- AA & EIA Screening are required for ALL extension of duration applications (including further extension applications).
- Extension of Duration of Permission shall not be granted if AA or EIA would be required in relation to the proposed extension.

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1. Name of Applicant: _____

Address: _____

Name of person acting on behalf of applicant: _____

Address: _____

2. On separate page provided, please provide the telephone number and email address, if any, of the applicant.

And of the person, if any, acting on behalf of the applicant.

3. Address to which correspondence is to be sent:

4. The location, town-land or postal address of the land or structure concerned as may be appropriate:

5. State applicant's interest in the land subject to the application: (e.g. Owner, Lessee, prospective purchaser etc.): If applicant is not the owner, a letter signed by the landowner, consenting to the making of the application must be submitted:

6. Description of the development to which the permission relates:

7. Date of permission: _____ Reference number in Register: _____

8. Date on which the permission will cease to have effect: _____

9. Particulars of the substantial works carried out pursuant to the permission before the expiration of the appropriate period:

10. The date or projected date of commencement of the development to which the permission relates:

11. Was the application accompanied by a Natura Impact Statement or an Environmental Impact Assessment Report

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

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

Under limited circumstances a second extension of duration can be granted. If this application is to extend further the appropriate period as regards a particular permission, it shall contain the particulars referred to in items 1 to 13 inclusive as well as the following particulars.

(Questions 14 -17 below do not require filling out if this is the first extension of duration.)

14. Particulars of the works (if any) carried out pursuant to the permission since the permission was extended or further extended:

15. The period by which the permission is sought to be extended further:

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

17. The circumstances beyond the control of the person or persons carrying out the development due to which the development has not been completed:

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APPLICATION FEE ATTACHED:

Fee payable €62.00:

Payment to be made by Card, Cash or Cheque which should be made payable to Kilkenny County Council.

I certify that the information given herein is correct and I hereby apply for an extension in the period of validity of the above planning permission pursuant to the Planning & Development Acts 2000 as amended.

SIGNATURE OF APPLICANT: _____

DATE: _____

Ref: P.

(Office use only)

ADDITIONAL CONTACT INFORMATION
APPLICATION FOR EXTENSION OF DURATION OF PLANNING PERMISSION

THIS PAGE MUST BE PRINTED SEPARATELY AS IT WILL NOT BE PUBLISHED AS PART OF THE PLANNING FILE

NAME OF APPLICANT:

TEL NO: _____

EMAIL ADDRESS: _____

NAME OF PERSON ACTING ON BEHALF OF APPLICANT:

TEL NO: _____

EMAIL ADDRESS: _____