KILDARE COUNTY COUNCIL

SHORT-TERM LETTING PLANNING AND DEVELOPMENT ACT 2000 (AS AMENDED)

START OF YEAR NOTIFICATION FORM FOR HOMESHARING/SHORT TERM LETTING UNDER ARTICLE 6(5)(b) OR ARTICLE 6(5)(f) OF THE PLANNING AND DEVELOPMENT REGULATIONS 2001 (AS AMENDED

PART A – NOTIFICATION DETAILS REQUIRED				
1.	ADDRESS AND EIRCODE OF RELEVANT PROPERTY			
2.	NAME OF RELEVANT PLANNING AUTHORITY:			
3.	NAME OF PERSON/S MAKING THE NOTIFICATION:			
4.	THE	CUMENTATION TO CONFIRM PROPERTY IS A PRINCIPAL VATE 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:	

PART B – CONTACT DETAILS (PERSON MAKING THE NOTIFICATION)			
NAME:			
ADDRESS & EIRCODE:			
TELEPHONE NUMBER &/or MOBILE NUMBER:			
E-MAIL ADDRESS:			

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: _____