

FORM DWWTS PAA (a) 2024



Domestic Waste Water Treatment Systems Grant for houses in Prioritised Areas for Action

Application Form DWWTS PAA (a)

Environment Department

Clare County Council

Áras Contae an Chláir

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Ennis

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Version (January 2024)

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APPLICATION FORM

Works for the remediation, repair, upgrade or replacement of a Domestic Waste Water Treatment System (DWWTs) in a Prioritised Area for Action, where a person has received a letter from the Local Authority Water Programme Office (LAWPRO) confirming eligibility to apply for a grant.

Please read the information notes before completing the application form.

All questions on the form must be answered and where specified, supporting documents must be provided. Incomplete forms, or those which are not accompanied by the appropriate documents, will not be processed.

Work must NOT start before the local authority or its representative's visit. If work has started before that date, the application will not be considered.

The grant scheme is administered by local authorities. Any enquiries should be addressed to the local authority's Rural Water Liaison Officer.

All forms to be used can be obtained from the local authority, who will provide assistance with completing them, if required.

The local authority reserves the right to make any necessary enquiries to verify information or for clarification of supporting documents provided with a grant application, and will exclude from consideration for a grant any applicant who supplies false or misleading information or documents.

1. Details of the Applicant

Name of applicant (in block capitals):	
Address (location of DWWTs):	
EIRCODE (required):	
Daytime telephone no:	
E-mail address:	
Reference on letter from LAWPRO:	

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4. Previous payments

Was any grant paid in respect of this DWWTS in the last 7 years?

Yes No

If yes, please provide details:

amount:

€

date paid:

5. Details of Contractor(s) (e-Tax Clearance printout for each contractor must be provided)

Contractor 1

Contractor 2 (if applicable)

Contractor name:

Contractor name:

Contractor address:

Contractor address:

EIRCODE:

EIRCODE:

6. Declaration

I declare that the information provided by me on this application form is correct and I understand that the provision of any false or misleading information or invalid supporting documents may result in this claim being cancelled.

Signature of applicant: _____

Date: _____

CHECK LIST

Please ensure that the following documentation is included with your claim for payment of a grant:

- Itemised receipts for all work(s) carried out,
- Proposal of works included
- e-Tax Clearance printout for each contractor engaged.

PLEASE SUBMIT THE FULLY COMPLETED FORM DWWTS PAA (a) AND SUPPORTING DOCUMENTATION TO YOUR LOCAL AUTHORITY OFFICE