

**Enhanced Defective Concrete Block Grant Scheme**

**Immediate Repairs**

**Statement of Completion**

Statement of Completion in respect of Immediate Repairs –

Section 10(2)(c) and Section 22 of the Remediation of Dwellings Damaged by the Use of Defective Concrete Blocks Act 2022.

**The form should be completed and signed by both the applicant’s Competent Building Professional and Contractor and submitted as part of any Ancillary Grant Claim in respect of Immediate Repairs.**

**Please upload completed form via the applicant’s Online Portal.**

**Applicant Reference Number:**

**Part A - Applicant Details**

Applicant’s Name:

Applicant’s Address  
(Relevant Dwelling):


Eircode (Relevant Dwelling):

Contact Phone Number:

Email Address:

Tax Reference Number:

Tax Clearance Access Number:

Signed.....

Print Name.....

Date.....

**Part B - Statement of Completion**

Description of Works Completed -

Detailed as specified in the original or supplementary Building Condition Assessment (BCA):

Date Works Completed:

Total Costs (incl. VAT):

€

**Part C**

(To be filled out by a competent building professional)

**Competent Building Professionals Details**

Building Professionals Name:	
Registration Number:	
Building Professionals Employer (if different):	
Address:	
Email Address:	
Contact Phone Number:	
Tax Reference Number:	
Tax Clearance Access Number:	

I confirm that the works described above, and as specified in the original/supplementary BCA, have been carried out to my satisfaction.

Signed.....

Print Name.....

Date.....

**Part D**

(To be filled out by the Contractor)

**Contractor Details and Declaration**

Contractor's Name:

Contractor's Address: 


Tax Reference Number:

Tax Clearance Access Number:

I confirm that I have carried out the works as described above, and as specified in the original/ supplementary BCA, to completion.

Signed.....

Print Name.....

Date.....