Contractors Declaration

Schedule 6 - Interim Valuation Certificate

The completed form should be submitted to Donegal County Council.

Applicant Reference Number:
Part B
(To be filled out by the contractor)
Contractor Details
Contractors Name
Contractors Address:
Contractors Phone Number:
Construction Industry Register Ireland Registration Number (where applicable):
Tax Reference Number:
Tax Reference Number.
Tax Clearance Access Number:
Tax Creatance / recess (valide).
Confirm the cost of carrying out these works for which this payment of grant
relates (including VAT):
€

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

Contractors Declarations

1. owner:	I confirm that I ar	n the cont Yes	tractor appointed by the following dwelling No
Dwelling	g owner's name:		
At the fo	ollowing address:		
Eircode:			
•	-	-	e remedial works further to the remedial to undertake the remedial works concerned.
I certify, having exercised reasonable skill, care and diligence that the qualifying remediation works to the dwelling concerned, for which this payment is being sought have been carried out, under my supervision, in accordance with the remedial works plan. Yes No			
Second	ment is being soug	ht are in c ilding Re	I certify that the remedial works, for which compliance with the requirements of the gulations, insofar as they apply to the No
4. carried of			thed my invoice for the remedial works when the grant is sought. No
5. local aut	I consent to the thority.		on of my tax compliance by the relevant No
Signatur	e:		-
Date:			-

Data Protection

Any personal data you provide will be processed in accordance with the Data Protection Acts 1988 to 2018 and the General Data Protection Regulation (GDPR). A Privacy Notice explaining how your personal data will be used, and information on your rights as a data subject, is available from your Local Authority.

Please tick to confirm that you have read the above declaration