## **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 am the cont Yes	ractor appointed by the following dwelling No
Dwelling	g owner's name:	
At the fo	llowing address:	
Eircode:		
•	• •	remedial works further to the remedial to undertake the remedial works concerned.
is being	g remediation works to the	reasonable skill, care and diligence that the dwelling concerned, for which this payment t, under my supervision, in accordance with No
Second S	nent is being sought are in c	certify that the remedial works, for which ompliance with the requirements of the gulations, insofar as they apply to the
4. carried o	I confirm that I have attact ut by me, for which this pay Yes	hed my invoice for the remedial works ment of grant is sought.
5. local aut		n of my tax compliance by the relevant No
Signature	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