

Building Blocks – Expansion Grant Scheme

Applicant and Owner Information

Note: Pobal, as part of the appraisal process reserves the right to contact the owner of the premises to verify the details contained in this form.

Applicant name:	
Address of the premises where the capital works will be carried out: Note: This must be the address where the capital works will take place should the application be successful	
Brief description of proposed capital works:	
Name of the owner of the premises:	
Contact number of premises owner:	

Owner/s Permission to Carry Out Proposed Works

Note: If the premises is owned by a Board of Management or similar, this form must be signed by two members of the Board, one to be the Director or Chairperson.

Note: If the premises is owned by a Parish, the two signatories on this form must provide documentary evidence they are the Legal designated representative of the Parish and/or Trustees of the owning body.

Note: If the premises is owned by a Registered Company, this form must be signed by two members who have the authority to sign in capacity as the owners of the building (or designated representatives of the owning body).

To whom it may concern,

I/ We hereby certify that I/we agree to give permission to the above-named applicant to carry out the proposed works at the above referenced premises. We also confirm that the above referenced premises will remain a childcare facility for 5 years after the final payment of this grant.

Name:	
Signature:	
Position:	
Date:	

Name:	
Signature:	
Position:	
Date:	

