



walled city partnership

PROJECT SUBMISSION FORM

This form when completed should be forwarded to:

**The THI Project Officer
The Walled City Partnership
13 Magazine Street
Londonderry
BT48 6HH**

Telephone: 028 7137 1037

1. APPLICANT DETAILS

Name: _____

Address: _____

Postcode: _____ Telephone No: _____

Nature of business: _____

Name of Person dealing with the application: _____

Applicant's interest in the building: Owner Leaseholder Tenant Other

2. PROFESSIONAL CONSULTANTS

Name: _____

Address: _____

Postcode: _____ Telephone No: _____

Nature of business: _____

Name of Person dealing with the application: _____

3. PROJECT DESCRIPTION

Address or Location: _____

Type of property: _____

Statutory Designation: _____

Existing use of property: _____

Proposed use of property: _____

Details of the proposed works: _____

(Please include three copies of any specifications, drawing, photographs, programme etc. as appropriate)

4. STATUTORY APPROVALS – Planning Permission/Building Control Consent

Is planning approval required for the proposed work? Yes No

Is Building Control consent required for the proposed work? Yes No

If ‘granted’:

Date of planning approval: _____ Date of Building Control Consent: _____

Reference Number or Date application lodged: _____ Reference Number or Date application lodged: _____

5. FUNDING EQUATION

5.1 Expenditure (Please refer to notes on eligible works)

Construction Costs: _____

Architectural Fees: _____

Total Development Costs: _____

6. SOURCES OF FUNDS – Where else have you applied for funding?

Amount Applied For

Conservation Area Grant _____

P & R Funding _____

NIHE _____

Historic Buildings _____

I F I _____

Other (Name)..... _____

Townscape Heritage Initiative _____

Promoters (Project shortfall at present Sources to be identified) _____

Total _____

Are you VAT registered? Yes No

7. PROJECT BENEFITS:

Explain how this project will impact on the heritage of The Walled City in particular the townscape?

8. PLANS & COSTS

Attached

Yes **No**

If not attached when will they be available? _____

OFFICE USE ONLY

Please do not complete. Breakdown to be completed by THI administration

Building	_____
Reinstatement of Architectural detail	_____
Bringing vacant historic floorspace into use	_____
Filling gap sites	_____
External public realm works	_____
Extension to existing building	_____
Professional fees	_____
Total	_____

9. APPLICATION AND DECLARATION

***THIS DECLARATION MUST BE COMPLETED BY THE APPLICANT**

I _____

OF _____
(Name of Organisation in BLOCK LETTERS)

Apply for assistance towards the cost of the project described above.

I declare that the information on this form and any other information given in support of this application is true and correctly stated. I understand that any information found to be false or incomplete will result in the application being deemed ineligible and the withdrawal of any offer of funding.

Signed: _____ Date: _____

Position: _____

Please note should you not commence the project or complete it in accordance with the drawings and specifications agreed with Walled City Townscape Heritage Initiative then you will be liable to all costs incurred by you in bringing the application forward and that any grant awarded may be with-held.

TO BE RETURNED TO:

***The THI Project Officer, The Walled City Partnership, 13 Magazine Street,
Londonderry, BT48 6HH***



Supported by

The National Lottery[®]
through the Heritage Lottery Fund

