



**Castlebar Municipal District - Shopfront Grant Scheme 2024  
APPLICATION FORM**

**Name of Applicant**

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**Contact Phone Number**

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**Contact Email Address**

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**Property Address**

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**Eircode**

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**Legal interest in the Property:**

(e.g. proprietor, tenant, leaseholder)

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**Type of Business:**

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**Project Total Cost**

\_\_\_\_\_ excluding VAT

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**Intended Commencement Date**

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**Intended Completion Date**

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**Name of Contractor (if known)**

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**Brief Description of Works (Drawings/Photographs to be submitted with application)**

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**SIGNED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Castlebar Municipal District encourages the use of Irish in shop front signage*

**CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATIONS IS  
4:00 p.m. on THURSDAY, 20<sup>th</sup> JUNE 2024**