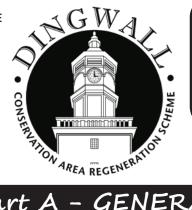
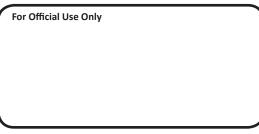
Dingwall Conservation Area Regeneration Scheme (CARS) Application Form

PLEASE READ THE GUIDANCE NOTES BEFORE FILLING IN THE FORM.

Issue of this form does not guarantee financial assistance. You should not start the work on the property before you have received approval of any financial assistance in writing. If work is started before approval is received in writing then this application will be treated as null and void. We will accept certified copies or originals of all verification paperwork.









A1	Address of the property where work is to be done: (Please include the flat number if applicable)			
	Address:			
		Postcode:		
12	Is the property a Listed Building Yes No Not sure			
	If 'Yes', please give details:			
43	Your details (the applicant): Mr Mrs Miss Ms	Other:		
	Surname:	Forename:		
	Address if different from A1:			
		Postcode:		
	Telephone (day):	Telephone (mob):		
	Email address:			
\4	Who owns the property where (If there are joint owners, please continuous Mrs Mrs Miss Ms Ms			
	Surname:	Forename:		
	Address if different from A1:			
		Postcode:		
	Telephone (day):	Telephone (mob):		
	Fmail address:			

	Surname:			Forename:	
					Postcode:
	Telephone (day):			Telephone (mob):	
	Email address:				
6	Total amount applied fo	r: Under £25,0	000	Over £25,000	
	Part B	- ABO	UT T	HE PROP	PERTY
	Please give a brief descr	intion of the	nlanne	d works:	
•	· ·		•		
2	Total amount applied fo				
	Cost of work £:			D (' (C.
	VAT			Professional fees	
	VAT on work f:				£:
	Total £:			VAT on Fees	
3	Total £: You will need to provide 3 qu	otes that inclu	ıde full sp	VAT on Fees ecifications for the	£:
3	Total £: You will need to provide 3 quincluding professional fees.	otes that inclu	ide full sp i ke place	VAT on Fees ecifications for the	£:
3	Total £:	otes that inclu	ide full sp i ke place	VAT on Fees ecifications for the	£:
	Total £: You will need to provide 3 quincluding professional fees. When do you expect the	otes that inclu	ide full sp i ke place	VAT on Fees ecifications for the	£:
	Total £: You will need to provide 3 quincluding professional fees. When do you expect the Start date: Do you require:	e works to ta	ide full sp	VAT on Fees ecifications for the	£:
	Total £: You will need to provide 3 quincluding professional fees. When do you expect the Start date: Do you require: Planning Permission	e works to ta	ide full sp	VAT on Fees ecifications for the	£:
	Total £: You will need to provide 3 quincluding professional fees. When do you expect the Start date: Do you require: Planning Permission	e works to ta	ide full sp	VAT on Fees ecifications for the	£:
	Total £: You will need to provide 3 quincluding professional fees. When do you expect the Start date: Do you require: Planning Permission	e works to ta	ide full sp	VAT on Fees ecifications for the	£:

Page Two

	Conservation Area Consent	Yes	No L			
	If 'Yes', please give details:					
	Building Warrant	Yes 🔲	No 🔲			
	If 'Yes', please give building wa	arrant refere	ence and/or other relevant details:			
В5	Have you spoken to anyone about this application for advice? E.g. CARS Officer, Conservation Officer, Planning Office, Building Standards: Yes No No					
	If 'Yes', please give details:					
		• • • • • • • • • • • • • • • • • • • •				
	Part C -	YOU	AND THE PROPERTY			
C1						
C1	Owner Tenant Life	Renter	property: (Please tick one box)			
C2	Are you VAT registered:					
	Yes No No					
	If 'Yes', please give VAT registra	ation numbe	er:			
С3			nt on your own behalf, please sign here to coept the award offered, subject to conditions:	nfirm		
	Signature:					
C 4	Please provide the name	that the c	heque should be made payable to:			
	Name:					

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Part D - APPLICANTS DECLARATION

All APPLICANTS must read and sign below

This is my application for grant assistance towards the cost of the work described in this form. I can confirm that the information I have supplied is, to the best of my knowledge, true and accurate. I understand that if I make a false declaration knowingly this could result in this application being rejected.

Signed applicant(s):	PRINT name of applicant(s):	Date:					
Part E - Ol	NNER'S DECLARATION						
All OWNERS of the property must sign the declaration							
I declare that I am the owner of the property in section A1 and I consent to the application being made for financial assistance in respect of the said property.							
Signed applicant(s):	PRINT name of applicant(s):	Date:					

Completed applications and documentation should be sent to:

The Highland Council Grant and Discretionary Funding Applications
The Chief Executive's Office,
The Highland Council Headquarters,
Glenurquhart Road,
Inverness
IV3 5NX

Fax: 01463 702830

Email: policy6@highland.gov.uk