

**Lisburn & Castlereagh City Council**

**Rural Shopfront (Minor Works) Scheme**

**Expression of Interest Form**



**Stage 1: Expression of Interest Form**

**Section 1 – Applicant Details**

The applicant must be the key contact to discuss all details of this application

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **Address Line 3** |  |
| **County** |  |
| **Postcode** |  |
| **Contact Telephone Number** |  |
| **Email Address** |  |
| **Relationship to property** | **Owner** [ ] **Tenant** [ ]  **How many years lease? \_\_\_\_\_\_\_\_\_\_\_\_****Other** [ ]  **Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section 2 – Property Owner Details (same as above** [ ] **)**

|  |  |
| --- | --- |
| **Name of Registered Property Owner** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **County** |  |
| **Postcode** |  |
| **Contact Telephone Number** |  |
| **Email Address** |  |
| **If there are multiple registered property owners, please provide all property owner details.** |
| **Property Owner Name** |  |
| **Address Line 1** |  |
| **Address Line 2** |  |
| **County** |  |
| **Postcode** |  |
| **Contact Telephone Number** |  |
| **Email Address** |  |

***Additional owner details should be supplied in appendices.***

**Section 3 – Business Property Details**

|  |  |
| --- | --- |
| **Business Name** |  |
| **Business Address Line 1** |  |
| **Business Address Line 2** |  |
| **Business Address Line 3** |  |
| **County** |  |
| **Postcode** |  |
| **Which sector best describes the service your business provides?** | Hair and Beauty [ ]  Leisure and Tourism [ ] Hospitality [ ]  Retail [ ]  Professional Services [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  |
| **Is the business property occupied or vacant?** |  **Occupied** [ ]  **Vacant** [ ]  |
| **Is the property where your business is located a Listed Building?** |  **Yes** [ ]  **No** [ ]  |
| **Have you received any enforcement notices regarding your business shop front?** |  **Yes** [ ]  **No** [ ] **Is yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Provide a detailed description of the external condition of the property.**(Please attach supporting photographs with your submission) |  |
| **Provide a detailed description of the improvement works you would like to undertake with a Rural Shopfront Scheme grant.** |  |
| **Estimated total costs for planned works (£) ex VAT** | **£** |

**Section 4 - Declaration**

[ ]  All of the information provided in this expression of interest form is true and correct

[ ]  I confirm that I am aged 18 or above

[ ]  I understand that it is my responsibility to ensure that all statutory regulations and processes are complied with. Failure to comply may result in the grant being withheld.

[ ]  I have received property owner consent to carry out the works outlined in this expression of interest form

[ ]  I have at least 3 years remaining on my lease and written consent from property owner

[ ]  I have attached supporting photographs with my submission

Full Name (Block Capitals):

Signature: Date:

**Expressions of Interest to be received no later than**

**31st October 2024 at 5pm**

**Please return the completed expression of interest form and supporting photographs to** **becky.colvin@lisburncastlereagh.gov.uk** **or via post to:**

 **Becky Colvin, Lisburn & Castlereagh City Council, Civic Headquarters, Lagan Valley Island, Lisburn BT27 4RL**

**If you require any additional information please telephone 07747 008353.**