# **Stage 1: Small Settlements Grant Funded Schemes**

# **Expression of Interest Form**

Section 1: Scheme

What scheme are you applying to? **Please note, if you intend to apply to more than one scheme, a separate Expression of Interest form must be completed for each one.**

**Rural Investment Fund** [ ]

**Heritage Shopfront Scheme** [ ]

**Rural Shopfront Scheme** [ ]

Section 2: 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(Please attach proof of ownership or tenancy agreement with your submission) | Owner [ ] Tenant [ ]  How many years lease? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Other [ ]  Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Section 3: Property Owner Details (same as above [ ] )

|  |  |
| --- | --- |
| Name of Registered Property Owner |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| 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 |  |
| Address Line 3 |  |
| County |  |
| Postcode |  |
| Contact Telephone Number |  |
| Email Address |  |
| Do you own other properties in Lisburn & Castlereagh City Council area? |  Yes [ ]  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No [ ]  |

*Additional owner details should be supplied in appendices.*

Section 4: Project Details

|  |  |
| --- | --- |
| Property Address Line 1 |  |
| Property Address Line 2 |  |
| Property Address Line 3 |  |
| County |  |
| Postcode |  |
| Is the property occupied or vacant? |  Occupied [ ]  Vacant [ ]  For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please complete EITHER 4a OR 4b

4a) For Rural Investment Fund ONLY

|  |  |
| --- | --- |
| What was/is your building used for?E.g. retail, offices, residential, industrial etc. | Basement:Ground Floor:1st Floor:2nd Floor: |
| Provide a detailed description of the external condition of the vacant property or the area earmarked for repurposing if this relates to your project.(Please attach supporting photographs with your submissions) |  |
| Provide a detailed description of the internal condition of the vacant property or the area earmarked for repurposing if this relates to your property.(Please attach supporting photographs with your submissions) |  |
| Is the property vacant or partially vacant?  | Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| Are you planning to repurpose an unused area? | Yes [ ]  No [ ]  |
| What is the current annual rates for the property? (£) |  |
| What is the current NAV (non-domestic net annual value) for the property? (£) |  |
| Is the property a Listed Building? | Yes [ ]  No [ ]  |
| Is your property in a Conservation Area? | Yes [ ]  No [ ]  |
| Is your property structurally safe to enter for assessment purposes? | Yes [ ]  No [ ]  |
| Proposed Business Name |  |
| What is the nature of the proposed business? e.g. Retail, Hospitality, Hair & beauty etc. |  |
| Please provide details of the proposed project. (Supporting information e.g. photographs, images, drawings, material specification etc.) |  |
| Is this a new business or are you wanting to repurpose an unused area within an existing business? | New Business [ ]  Repurpose Unused Area [ ]  |
| Does your project require statutory consent/s?Please provide reference numbers for any lodged applications. | Yes [ ]  No [ ] If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reference number/s:  |

4b) For Heritage Shopfront Scheme or Rural Shopfront Scheme ONLY

|  |  |
| --- | --- |
| 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 your business property located within a Conservation Area? | Yes [ ]  No [ ]  |
| 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 external improvement works you plan use the funding towards |  |
| Estimated total costs for planned works (£) ex VAT(Please note your submission will not progress to the next stage without estimated costs) | £ |

Section 5 - 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 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 Friday 22nd March 2024 at 5pm.**