

**COMHAIRLE BHUIRG SHLIGIGH
(SLIGO BOROUGH COUNCIL)**

Form No 1 – Certificate

Name of estate: _____

Planning Reference Numbers: _____

This is to certify that the development complies with the grant of permission and that the development has been carried out in accordance with the “Recommendations for Site Development Works for Housing Areas’ (Department of the Environment, Local Government & Heritage 1998) subject to such amendments as have been approved by Sligo Borough Council.

Signature: _____

Date: _____

Professional Qualifications: _____

**Professional Indemnity Insurance
Policy No.:** _____

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Form No 2 – Certificate

Name of estate: _____

Planning Reference Numbers: _____

This is to certify that: -

Water supply pipes have been tested and sterilised to the requirements of Clause 4. 18 of “Site Developments Works for Housing Areas” published by The Department of Environment and Local Government.

Type of test: _____

Was test witnessed by any member of Sligo Borough Council staff? _____

Name of SBC staff member? _____

Signature: _____

Date: _____

Professional Qualifications: _____

Professional Indemnity Insurance Policy No: _____

**COMHAIRLE BHUIRG SHLIGIGH
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Form No 3 – Certificate

Name of estate:

Planning Reference Numbers:

Electrical Certificate Number:

This is to certify that: -

The Public Lighting in the above estate complies with BS 5489 and is per specification in Section 5, 'Public Lighting' in 'Recommendations for Site Development Works for Housing Areas' (Department of the Environment, Local Government & Heritage 1998).

Signature:

Date:

Professional Qualifications:

Professional Indemnity Insurance Policy No:

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Form No 4 – Certificate

Name of estate: _____

Planning Reference Numbers: _____

The following are the test results showing the output in litres per minute from all fire hydrants in the residential development (as numbered on site layout map submitted).

Hydrant 1: _____

Hydrant 2: _____

Hydrant 3: _____

Hydrant 4: _____

Hydrant 5: _____

Hydrant 6: _____

Hydrant 7: _____

Hydrant 8: _____

Hydrant 9: _____

Hydrant 10: _____

Signature: _____

Date: _____

Professional Qualifications: _____

Professional Indemnity Insurance Policy No: _____

**COMHAIRLE BHUIRG SHLIGIGH
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Form No 5 – Letter

Name of estate:

Address of estate:

This is to state that the maintenance of the above estate will be carried out by the Management

Company/ Residents Association (– delete as appropriate)

Signature of:

Secretary of Management Company

/Residents Association

(delete as appropriate)

Date:
