



# **APPLICATION FORM**

## **SCHEME OF INVESTMENT AID FOR FARM** **WASTE MANAGEMENT (FWM)**

**Introduced by the Minister for Agriculture and Food**

**In Implementation of Council Regulation (EC) No. 1257/1999**

This Scheme is a sub-Measure under the Regional Operational Programmes for the Border, Midland & Western Region and the Southern and Eastern Region and is co-funded by the Irish Government under the National Development Plan 2000-2006 and the European Agricultural Guidance and Guarantee Fund of the European Union

This Revised Scheme comes into effect from 23 March 2006 and all applications from that date should be made on this form. All Department Structural specifications and also notices relevant to OFI Schemes can be accessed on the Department of Agriculture and Food website at [www.agriculture.gov.ie](http://www.agriculture.gov.ie) under the heading "Farm Buildings"

<p><b>DATE STAMP</b> (For Official Use Only)</p>
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**ALL INFORMATION MUST BE SUPPLIED AND ALL SECTIONS COMPLETED.  
[WHERE ANY QUESTION/SECTION IS NOT RELEVANT WRITE "NOT APPLICABLE" OR "N/A"]**

**1. NAME OF APPLICANT(S):** .....  
(Block Capitals)  
(Mr./Mrs./Ms.) .....

Date of Birth
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**ADDRESS:** .....  
.....  
.....

PPS Number

Telephone No. _____
Mobile Number _____

**COUNTY:** .....

Herd/Flock/Cereal/Pig Number

Address of proposed development if different from above \_\_\_\_\_  
\_\_\_\_\_

E-mail address
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**2. GENERAL**

(i) Will the proposed investment be carried out on -	Yes	No
(a) owned land	<input type="checkbox"/>	<input type="checkbox"/>
(b) leased land	<input type="checkbox"/>	<input type="checkbox"/>

(ii) Are you a participant in the Rural Environment Protection Scheme:-	<input type="checkbox"/>	<input type="checkbox"/>
If so please state REPS No. _____		

(iii) Organic licence number if registered with the Department \_\_\_\_\_

(iv) Has there been any previous investments on the holding under the Farm Waste Management Scheme (i.e. since 1 February 2001)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

(v) (a) Area of lands declared under Single Farm Payment/Area Aid/IACS application in the current or preceding year? \_\_\_\_\_

(b) If available, LPIS land parcel number on which development will take place:- \_\_\_\_\_

(vi) What Nitrates Zone is the holding in? \_\_\_\_\_\*

\* Where a holding lies partly in one county and partly in one or more other counties, the holding shall be deemed to lie wholly within the county in relation to which the longest storage period applies.

**3. CERTIFICATION OF QUALIFICATION(S) AND FARMING EXPERIENCE**

Please tick the highest level of agricultural training and experience attained:-

- a. Minimum 5 years' experience as a farmer
- b. Minimum 3 years' experience in farming and completed approved courses of minimum 180 hours or equivalent circumstances
- c. Certificate in farming or equivalent qualifications

Please specify courses and attach original or certified copies or indicate circumstances concerned:

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**4. ADDITIONAL AID FOR YOUNG FARMERS (see paragraph 10 of Scheme):-**

Is additional aid for young farmers claimed?      Yes      No  
     

If yes:  
(a) I/We hereby declare that the site is in a Less-Favoured Area:      Yes      No  
     

(b) date(s) first registered as herdowner(s): \_\_\_\_\_

**5. DESCRIBE SYSTEM OF FARMING:**

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(a) Is this application from a Teagasc approved milk production partnership?      Yes      No  
     

(b) If yes, how many partners in the milk partnership? \_\_\_\_\_ (number)

(c) Name, date of birth and PPS number of partner on whose holding the proposed investment will be carried out if different to the applicant referred to at 1 above:

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**6. CALCULATION OF INCOME UNITS:**

**Section A – Income units from all farm/forestry activity carried out on the farm(s)**

- A.** Calculate the income unit equivalent of the permanent (net) milk quota i.e. permanent net quota divided by 1818 litres
- |  |                            |        |  |
|--|----------------------------|--------|--|
|  | <b>Permanent net quota</b> |        | <b>Income units</b>  |
|  |                            | Litres | = <span style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></span> |
- B.** Calculate the income unit equivalent of other milk quota and/or any suckler cows on the farm by subtracting the number of cows required to produce the permanent (net) quota from the total number of cows on farm. (Number of cows required to produce permanent (net) quota is calculated by taking the permanent quota (Litres) divided by 4205 Litres)
- Total cows \_\_\_\_\_. Less cows required to produce permanent (net) quota \_\_\_\_\_ 1.0 unit =   
 (Ignore if total cows are less than the number required to produce the permanent (net) quota)

Enterprise	Average number or hectares	x	units	=	
_____	_____	x	_____	=	
_____	_____	x	_____	=	
_____	_____	x	_____	=	
_____	_____	x	_____	=	
_____	_____	x	_____	=	
_____	_____	x	_____	=	
<b>Total 1</b>					

**Section B – Non farm/other income in the Income Tax Year prior to application (incl agri-tourism/crafts)**

Had you a non-farm income in the tax year prior to application? Yes  No

If yes, please complete the following:

Year	Source of income	Description	Amount €	
_____	_____	_____	_____ /254	= <span style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></span>
_____	_____	_____	_____ /254	= <span style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></span>
_____	_____	_____	_____ /254	= <span style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></span>
_____	_____	_____	_____ /254	= <span style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></span>

**Total 2**

**Total Income units (1+2)**

Please note evidence of the non-farm income situation may be required (see paragraph 29 of Scheme)





**9. NOTICE UNDER SECTION 12 OF THE LOCAL GOVERNMENT (WATER POLLUTION) ACT 1977**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Has a notice under Section 12 of the 1977 Act been issued in respect of any structure on the farm?           | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If yes, have the investments outlined in Paragraph 8(A) above been approved by the relevant local authority? | <input type="checkbox"/> | <input type="checkbox"/> |

Please attach a copy of the Notice with this application form.

**10. PLANNING PERMISSION**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A. Is planning permission required for any of the proposed structures?  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. (i) If the answer to (A) above is yes, has full and final planning permission been received for the proposed structures concerned? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) If the answer to (i) above is no, has planning permission been applied for to the relevant local authority?                      | <input type="checkbox"/> | <input type="checkbox"/> |

**11. ADDITIONAL QUESTIONS AS TO PLANNING PERMISSION**

The following questions must be answered where planning permission has neither been applied for nor obtained:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| A. Do the areas of existing and proposed structures exceed the area limits set for the various classes (see directions for the completion of the Farm Structures List which can be downloaded from the Department's website) ? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are any of the proposed structures within 10 metres of a public road ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do any proposed structures exceed 8 metres in height ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are any proposed structures within 100 metres of a neighbouring dwelling, school, church or other assembly building ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Will the proposed developments be sited in an area where there is no exemption from planning permission ?   | <input type="checkbox"/> | <input type="checkbox"/> |

Apart from question D above, planning permission is required if the "yes" box is ticked. A yes answer to question D indicates that planning permission is required unless the neighbouring owner and occupier give written approval for the proposed siting of the new structure(s).

## 12. DECLARATIONS

### Declaration to be completed by applicant(s):

I/We declare that –

- (a) I/We have read and understand the conditions of the Scheme and, to the best of my/our knowledge, all particulars given on this form are correct;
- (b) I/We agree to observe and be bound by all conditions of the Scheme and to make available all required information to the Department of Agriculture and Food;

**NOTE: A false or misleading statement may lead to disqualification, liability to refund any aid already paid, and prosecution.**

**Please also note that aid will not be given for works commenced or equipment purchased before written approval has been conveyed to an applicant.**

SIGNED \_\_\_\_\_ Date / /

SIGNED \_\_\_\_\_ Date / /

### Declaration to be completed by Agricultural Advisor/Agricultural Consultant/Agricultural Engineer and, where appropriate, by supervisory officer:

- (a) I/We certify that the details on this application form are correct and that, in my/our opinion, the applicant is eligible for the Scheme of Investment Aid for Farm Waste Management:
- (b) Having regard to the income and farming enterprises of the applicant, the proposed investments are considered to be economically viable;
- (c) The proposed investments have been prepared having regard to the requirements of the European Communities (Good Agricultural Practice for Protection of Waters) Regulations 2005.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Supervisory Officer)

*Office Stamp*

AGRICULTURAL ADVISOR/ AGRICULTURAL CONSULTANT/AGRICULTURAL ENGINEER

**THIS FORM, FULLY COMPLETED, TOGETHER WITH SUPPORTING DOCUMENTATION SHOULD BE SUBMITTED TO THE LOCAL AGRICULTURAL ENVIRONMENT AND STRUCTURES (AES) OFFICE OF THE DEPARTMENT**

*(Please retain copies of all documentation submitted for your own records)*

**DEPARTMENT OF AGRICULTURE AND FOOD**

**(TO BE COMPLETED WHERE PROPOSED DEVELOPMENT IS ON LEASED LANDS)**

Lease commencement date: \_\_\_\_\_  
Lease expiry date: \_\_\_\_\_  
Duration of lease: \_\_\_\_\_

**Section A**

I/We hereby agree to the proposed developments under the Farm Waste Management Scheme being carried out by

\_\_\_\_\_

on my/our lands at

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Owner(s)** **Date:** \_\_\_\_\_

**Section B**

I/We hereby agree to refund to the Minister for Agriculture and Food any grant aid paid in respect of investment under the Scheme of Investment Aid for Farm Waste Management or such portion of the grants as the Minister for Agriculture and Food in his/her absolute discretion may determine should the lease be surrendered within the lifetime of the Lease.

**Signed:** \_\_\_\_\_ **Lessee(s)** **Date:** \_\_\_\_\_

## Check List

### Documents to be furnished with Application under the Scheme of Investment Aid for Farm Waste Management

Please complete and enclose this check list with your application form FWM 1

*Tick Relevant Boxes    Official Use*

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | In respect of proposed new or converted structures only   |                          |                          |
|    | (a) Where local authority planning permission has been obtained   |                          |                          |
|    | (i) Grant of full and final permission including conditions.  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (ii) *Location Map (6" scale) discovery series  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (iii) Farmyard Layout Plan (1: 500 Scale)   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (iv) Copy of full set of drawings on which the planning permission was obtained – see paragraph 14(a)   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (b) Where planning permission is awaited  |                          |                          |
|    | (i) *Location Map (6" scale) discovery series   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (ii) Farmyard Layout Plan (1: 500 Scale)  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (iii) Copy of drawings submitted with the request for planning permission – see paragraph 14(a)   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (c) Where local authority planning permission is not required   |                          |                          |
|    | (i) *Location Map (6" scale) discovery series   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (ii) Farmyard Layout Plan (1: 500 Scale)  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | (iii) Detailed and accurate drawing of proposed developments - see paragraph 14(b)  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | * For applications only involving items under Paragraph 6, Sections 2-4, of the Scheme, a Location Map need only accompany your application form.   |                          |                          |
| 2. | Notice under section 12 of the Water Pollution Act 1977 (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Certificate from the District Veterinary Office stating date Herd Number under the Bovine Tuberculosis Scheme or other Department identifier was first registered solely or jointly in the applicant's name (applicable in the case of qualified young farmer's additional aid only). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | In the case of an approved Teagasc milk production partnership, a copy of the partnership agreement together with confirmation that the partnership is/was in existence during the current or preceding calendar year.  | <input type="checkbox"/> | <input type="checkbox"/> |

*Office Stamp*

**Declaration to be completed by Agricultural Advisor/Agricultural Consultant/  
Agricultural Engineer**

I hereby certify that the documentation indicated above is attached and is in order.

Signature: \_\_\_\_\_ Profession: \_\_\_\_\_ Date: \_\_\_\_\_