

Regulation 8 NOTIFICATION OF APPOINTMENT OR CHANGE OF OPERATOR
OR
COMMENCEMENT OR PERMANENT CESSATION OF QUARRYING OPERATIONS

I hereby give notice of (delete as appropriate)

Appointment/Change of Operator
Commencement of Quarrying Operations
Permanent Cessation of Quarrying Operations

Name of Person or Company under which
the business is carried on _____

Name of Operator _____

Signature of or on behalf of Operator _____

Date _____

Address _____

Telephone _____ Fax Number: _____ E-Mail _____

Name of Quarry _____

Place where Quarry is situated _____

State townland and Nearest Post Town _____

Ordnance Survey Grid References: _____

Date when operations are to Commence/Cease ____ / ____ / ____

or

Change of Operator is to take affect ____ / ____ / ____