

 **NDR EMPTY PROPERTY RELIEF APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCOUNT REF NO:** |  |  |  |
|  |  |  | **Argyll & Bute Council** |
| **NAME & ADDRESS:** |  | **Financial Services** |
|  | **Kintyre House** |
|  | **Snipefield Industrial Estate** |
|  | **Campbeltown** |
|  | **PA28 6SY** |
|  |  |
|  | **Tel: 01586 555249** |
|  | **E-mail: ndr@argyll-bute.gov.uk** |
|  | **Date:**  |

Dear Ratepayer

**Subject Address:**

**Description:**

**Rateable Value (RV):**

The Scottish Government has devolved Empty Property Relief to local authorities. From 1st April 2024 Argyll and Bute Council’s Policy will be as follows:

* 50% relief for 3 months followed by 10% relief for a maximum of 9 months.
* The only exception will be properties which are empty due to the owner being insolvent who will continue to benefit from 100% relief.
* No relief will be granted after a property has been empty for over 12 months

Premises generally have to be completely unoccupied to qualify for Empty Property Relief.

There will be no back-dating of Empty Property Relief and applications must be submitted as soon as the property becomes Empty.

 Yours faithfully



**Fergus Walker**

**Revenues and Benefits Manager**

**EMPTY PROPERTY RELIEF APPLICATION**

**1. THE RATEPAYER**

Full name / the name of the organisation / company claiming relief:

|  |
| --- |
|  |

Legal Structure of the Ratepayer (Please put an ‘X’ in the relevant box) –

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Individual* |  |  | *Private Limited Company (LTD)*  |  |  |
| *Sole Trader* |  |  | *Public Limited Company (PLC)*  |  |  |
| *Partnership* |  |  | *Limited Liability Partnership (LLP)* |  |  |
| *Charitable Organisation* |  |  | *Other (Please state)* |  |

*IF APPLICABLE, Companies House Registration number or Charity Registration number*:

(Company number eg: 03493961)

|  |
| --- |
|  |

**2. THE PROPERTY**

Subject Address:

Rates Reference Number:

Insert the exact date the property became unoccupied:

Reason for premises not being occupied:

**3. PROPERTY INSPECTION**

It may be necessary to inspect your premises to substantiate your claim. I confirm that inspection of the property can be arranged by contacting:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Email address: |  |

**4. CHANGE OF OWNERSHIP/TENANCY**

1. **Change of owner**

If any change of owner of the property has taken place since the subject became "empty" please complete the details below as relevant.

|  |  |
| --- | --- |
| Date of sale: |  |
| Name & address of new owner (If known): |  |
| Name & address of your solicitor handling sale: |  |
| Email address of your solicitor handling sale: |  |

1. **Change of tenant**

If any change of tenancy of the property has taken place since the subject became "empty" please complete the details below as relevant.

|  |  |
| --- | --- |
| Outgoing tenancy end date: |  |
| Outgoing tenants name, forwarding address & email: |  |
| New tenancy start date (if applicable): |  |
| Name of new tenant: **(Please supply a copy of the full signed lease agreement)** |  |
| Name & address of owner: |  |

**5. CERTIFICATION**

Please read this declaration carefully before you sign and date it.

* I am duly authorised by the Ratepayer to make the application.
* I declare that the information given on this form is correct and complete to the best of my knowledge.
* I authorise the Council to make any necessary enquiries to check the information.
* I authorise the Council to cross check the information with other Councils in Scotland.
* I undertake to advise the Council of any change of circumstances, including the occupation / vacation of any other property I may occupy in Scotland which may affect liability for Non-Domestic Rates Relief.
* I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I (or the Ratepayer I represent) may be prosecuted.
* I understand that the Council will reclaim any incorrectly awarded Non-Domestic Rates Relief.
* I claim the above relief from non-domestic rates liability.

**Applicant Name:**  **Telephone No:**

**Capacity (e.g. Owner; Tenant; Agent; Employee):**

**E-mail Address:**

**Contact Address:**

**Your**

**Signature: Date:**

**When completed, this form should be returned by post to:**

**Argyll & Bute Council, Financial Services, Non Domestic Rates, Kintyre House, Snipefield Industrial Estate, Campbeltown, PA28 6SY or by email to ndr@argyll-bute.gov.uk**