



REFERENCE PROJECT FORM

SPECIALIST CONTRACTOR

PROJECT DETAILS

APPLICANT INFORMATION

Name of the applicant:

Contact name:

Telephone number :

Fax number:

E-mail:

Heritage registration number:

If applicable

PROJECT INFORMATION

Project name:

Project address:

Start date:

Finished date:

Employer : Client
 Contractor (if applicant is sub-contractor)

Employer's name:

Employer's address :

Role of applicant: Nominated sub-contractor
 Specialist sub-contractor
 Other (specify)

Consultant/Professional responsible for the project:

Project manager Name:
 Architect/engineer
 Other consultant Address:

The boxes below are for completion by the Registration Organisation.



REFERENCE PROJECT FORM

SPECIALIST CONTRACTOR

PROJECT DESCRIPTION

This project covered the following categories (please tick the boxes as appropriate):

✓	CODE	SUB-CATEGORY	OWN OPERATIVE(S) OR SEPARATE SUBCONTRACTOR/TRADESMAN
		Masonry and Stone works	
	3.1.2	Stone Working / Carving	
	3.1.3	Stone Wall Building (Rubble Stone)	
	3.1.4	Stone Installation (Cut Stone)	
	3.1.5	Stone Cleaning / Restoration	
	3.1.6	Bricks	
	3.1.7	Lime mortars – pointing	
	3.1.8	Lime mortars – mixing	
	3.1.9	Lime mortars – repair	
	3.1.10	Stone repair	
		Roofing	
	3.2.2	Thatching	
	3.2.3	Copper	
	3.2.4	Slate	
	3.2.5	Tiling	
	3.2.6	Lead work	
		Timberwork and Joinery	
	3.3.2	Wood panelling	
	3.3.3	Joinery	
	3.3.4	Wood Carving	
	3.3.5	Wood Cutting	
	3.3.6	Carpentry	
	3.3.7	Repair	
		Plastering	
	3.4.2	Decorative	
	3.4.3	Lime Based	
	3.4.4	Gypsum	
	3.4.5	Lathe plaster	
	3.4.6	Wet dash / harling	
	3.4.7	Stucco	
		Painting and decorative wall finishes	
	3.5.2	Gilding	
	3.5.3	Fresco painting	
	3.5.4	Lime Based	
	3.5.5	Oil based	
	3.5.6	Distempers	
	3.5.7	Decorative paint finishes	
	3.5.8	Sign Painting	
		Specialist Crafts	
	3.6.1	Ironmongery and Metalwork	
	3.6.2	Glass and Glazing	
	3.6.3	Remedial Works	
	3.6.4	Services	

Please supply a brief description of the works carried out by the applicant (type of building, type of works, the historic significance of the building, the heritage element - conservation, restoration, retention, renovation, etc):



REFERENCE PROJECT FORM

SPECIALIST CONTRACTOR

THRID PARTY ASSESSMENT

"A Qualified Professional Shall Complete the Section Below

This must be a Grade 1 or Grade 2 Conservation Architect, Engineer or Building Surveyor from the:

- a. The Royal Institute of the Architects of Ireland register, or
- b. Heritage Council's Conservation Panel, or
- c. Irish Georgian Society list, or
- d. Holders of a Post-Graduate Diploma in building conservation or equivalent.

The Registration Board reserves the right to decide on the acceptability of the qualification of the assessor."

OPINION OF SATISFACTORY EXECUTION

PROJECT NAME:

Name :

Name of Firm or

Organisation :

Telephone :

Fax :

E-mail :

Occupation :

Capacity:

Professional qualification:

Membership of professional bodies:

Qualification for conservation assessment:

In my opinion and to the best of my knowledge, the traditional building skills involved in the above project, as described in the sub-categories above, resulted in good quality work. This opinion is based on knowledge during the execution of the project.

Signature

Date