

Building Control Acts 1990 to 2014
Application for a Revised Disability Access Certificate

Building Control Authority

OFFICIAL USE

Date Received: _____

Register Ref.: _____

Entered on: _____

Entered by: _____

Fee Received: _____

Application is hereby made under Part IIIB of the Building Control Regulations 1997 to 2015 for a Revised Disability Access Certificate in respect of proposed works or building to which the accompanying plans, calculations and specifications apply.

Original Disability Access Certificate application Reference No.: _____

Reason for Revised Disability Access Certificate application: _____

Fire Certificate Reference No.: _____

Planning Permission Reference No.: _____

1. APPLICANT: Owner/Leaseholder (delete as appropriate)

FULL NAME: _____

ADDRESS: _____

SIGNATURE: _____

TELEPHONE No.: _____ DATE: _____

Owner of works or building (if different to above):

NAME: _____

ADDRESS: _____

2. Name and address of person/s or firm/s to whom notifications should be forwarded
(Owner/Leaseholder or Designer/Developer/Builder):

3. Name and address of person/s or firm/s responsible for preparation of accompanying plans, calculations and specifications.

4. Address (or other necessary identification) of the proposed works or building to which the application relates.

5. Description of changes to the proposed works or building from original application:

6. Site Area	<u>Original Application</u>	<u>Revised Application</u>
Number of basement storeys	_____ (sq. meters)	_____ (sq. meters)
Number of storeys above ground level	_____	_____
Height of top floor above ground level	_____ (meters)	_____ (meters)
Floor area of building	_____ (sq. meters)	_____ (sq. meters)
Total areas of ground floor	_____ sq. meters)	_____ (sq. meters)

7. Amount of Fee (accompanying this application) € _____

Revised set of working drawings must accompany this application