

An Roinn Pleanála,  
An Rannóg Rialaithe Tógála  
Bosca 174  
Áras an Chontae  
Sord  
Fine Gall,  
Contae Átha Cliath

Planning Department  
Building Control Section  
P.O. Box 174  
County Hall  
Swords  
Fingal, Co. Dublin

Telephone  
(01) 890 5542  
Facsimile  
(01) 890 6779  
Email  
planning@fingalcoco.ie  
www.fingalcoco.ie

Comhairle Contae  
Fhine Gall  
Fingal County  
Council



## Application for a Revised Disability Access Certificate

BUILDING CONTROL ACTS 1990 AND 2007

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Registered ref.: \_\_\_\_\_ Fee received: \_\_\_\_\_

Application is hereby made under Part IIIB of the Building Control Regulations, 1997 to 2009, 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: \_\_\_\_\_

Planning Permission Reference No.: \_\_\_\_\_

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

**FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Tel 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

---

---

---

Tel No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

---

---

---

Tel No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

---

---

---

<b>6. Site Area:</b>	<b>Original Application</b>	<b>Revised Application</b>
Number of basement storeys	_____ (Sq. metres)	_____ (Sq. metres)
Number of storeys above ground level	_____	_____
Height of top floor above ground level	_____ (metres)	_____ (metres)
Floor area of building	_____ (Sq. metres)	_____ (Sq. metres)
Total area of ground floor	_____ (Sq. metres)	_____ (Sq. metres)

**7. Amount of fee** (Accompanying this application): € \_\_\_\_\_

**Revised set of working drawings must accompany this application**