

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

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Building Control Section  
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## Application for a Disability Access Certificate

BUILDING CONTROL ACTS 1990 AND 2007

### FOR OFFICE USE ONLY

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

Registered ref.: \_\_\_\_\_

Entered on: \_\_\_\_\_

Entered by: \_\_\_\_\_

Fee received: \_\_\_\_\_

Application is hereby made under Part IIIB of the Building Control Regulations 1997 to 2009 for a Disability Access Certificate in respect of the works or building to which the accompanying plans calculations and specifications apply.

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

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Tel: \_\_\_\_\_

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

### Owner of Works or Building (if different to above)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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

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

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

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

Telephone: \_\_\_\_\_

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

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

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

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**5. Classification of works or building:**

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| Construction of a new building | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Material alteration            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Material change of use         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Extension to a building        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Brief description of building:

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**6. Use of proposed works or building:**

(a) Existing use (where change is proposed) \_\_\_\_\_

(b) New use \_\_\_\_\_

**7. Has planning permission been applied for and granted for works or building?:**

(a) Date permission was granted: \_\_\_\_\_ (b) Planing Permission No. \_\_\_\_\_

**8. In the case of**

(a) Works involving the construction of a building, or a building the material use of which is being changed:

Site Area \_\_\_\_\_ (sq. metres)

Number of basement storeys \_\_\_\_\_

Number of storeys above ground level \_\_\_\_\_

Height of top floor above ground level \_\_\_\_\_ (metres)

Floor area of building \_\_\_\_\_ (sq. metres)

Total area of ground floor \_\_\_\_\_ (sq.metres)

(b) Works involving an extension or the material alteration of a building:

Floor area of building extension \_\_\_\_\_ (sq. metres)

Floor area of material alteration \_\_\_\_\_ (sq. metres)

**9. Amount of Fee** (accompanying this application) \_\_\_\_\_

**This Application Form must be accompanied by a complete and certified set of drawings for the works or building.**