

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

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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

6. Site Area:

Original Application

Revised Application

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