

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:

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

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

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

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

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<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**