An Roinn Pleanála, Rannón Sábháilteacht Dóiteáin

Bosca 174 Áras an Chontae Sord Fine Gall, Contae Átha Cliath Planning Department
Fire Safety 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



ALL SECTIONS MUST BE COMPLETED		
	FOR OFFICE USE ONLY	
	Date Received:	
	Registered Ref.	Fee received:
Application is hereby made under l Regularisation Certificate in respe		Regulations 1997 to 2009 for a nich the accompanying drawings apply.
1. Applicant: Owner / Leaseholde	er (delete as appropriate)	
Full Name:		
Address:		
Signature		
Telephone No.:	Email:	Date:
Owner of works or building (if diffe	rent to above)	
2. Location of works or building:		
2. Location of works of building.		
3. Classification of works or buil	ding	
Construction of new building	YES	NO
Material alteration	YES	NO
Material change of use	YES	NO
Extension to a building	YES	NO NO
J		
4. Description of works or buildi	ng:	
4. Description of works or buildi		

5.	Where a change of use applies						
<u>(a)</u>	Existing use:						
(b) New use:							
6.	Works involving the construction of a new building, or a building th	e material u	se of which is being cha	anged			
(a)	Number of basement storeys						
(b)	Number of storeys above ground level						
(c)	Height of top floor above ground level		(metres)				
(d)	Floor area of building		(sq. metres)				
(e)	Total area of ground floor		(sq. metres)				
7.	. Works involving an extension or the material alteration of a building						
	Floor area of extension		(sq. metres)				
	Floor area of material alteration		(sq. metres)				
8.	Planning Permission for the works or building in question						
	Date Planning Permission was granted: Plannin	g Reference I	No.:				
9.	Date construction started						
	Is construction of the building completed?		YES	NO			
	Date of completion:						
	Is the building occupied or operational?		YES	N0			
	Is the building still under construction?		25% 50%	75%			
	Have any modifications to the original design been made during cons	struction?	YES	NO			
	If yes, was planning permission sought (if necessary) for the modific	ations?	YES	NO			
10.	Amount of Fee (accompanying this application) €						
Note:							

- 1. This Application Form for a Regularisation Certificate must be accompanied by a Statutory Declaration.
- 2. This Application Form must be accompanied by a complete and certified set of drawings for the works or building as commenced or constructed.

An Roinn Pleanála, Rannón Sábháilteacht Dóiteáin

Bosca 174 Áras an Chontae Sord Fine Gall,

Contae Átha Cliath

Planning Department
Fire Safety Section
P.O. Box 174
County Hall
Swords
Fingal, Co. Dublin

Telephone
(01) 890 5542
Facsimile
(01) 890 6779
Email



[01] 890 6779

Email
planning@fingalcoco.ie
www.fingalcoco.ie

Regularisation Certificate Statutory Declaration BUILDING CONTROL ACTS 1990 AND 2007					
ALL SECTIONS MUST BE COMPLETED					
	FOR OFFICE USE ONLY				
	Registered Ref.				
I / We					
<u>of</u>					
do solemnly and sincerely declare that the drawings, documents and information supplied in relation to the attached application for a Regularisation Certificate for the building as constructed or in respect of works already carried out to date:					
pursuant to Article 20C of the Building Control Regulations 1997 to 2009 are true and accurate and that the works comply fully with Part B (Fire Safety) of the Second Schedule to the Building Regulations.					
I/We solemnly declare to agree to inspection of the works/building by the Building Control Authority in carrying out its functions under the Act.					
I/We solemnly declare to abide by any conditions, including conditions to carry out additional work considered appropriate by the Building Control Authority necessary to enable the Authority to issue a Regularisation Certificate.					
I/We accept that where conditions attached to the Regularisation Certificate are not fully complied with to the satisfaction of the Building Control Authority within a period of 4 months from the date of issue of the Regularisation Certificate, the Certificate shall not have effect.					
Signed:					
Date:					
Signed in the presence of Commissioner of Oaths.					
Signed in the presence of Commissioner of Oaths:					
Name:					
Address:					
Signature:					
Commissioner of Oaths					