

FORM OF APPLICATION FOR A DISABILITY ACCESS CERTIFICATE

Building Control Acts 1990 and 2007 Application for a Disability Access Certificate													
Building Control Authority: 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">OFFICIAL USE</th> </tr> <tr> <td style="padding: 5px;">Date Received</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Register Ref.</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Entered on</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Entered by</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Fee Received</td> <td style="text-align: right; padding: 5px;">_____</td> </tr> </table>	OFFICIAL USE		Date Received	_____	Register Ref.	_____	Entered on	_____	Entered by	_____	Fee Received	_____
OFFICIAL USE													
Date Received	_____												
Register Ref.	_____												
Entered on	_____												
Entered by	_____												
Fee Received	_____												
<p>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.</p>													
<p>1. APPLICANT: Owner / Leaseholder (delete as appropriate)</p> <p>FULL NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>SIGNATURE: _____</p> <p>TELEPHONE NO.: _____ DATE: _____</p> <p>Owner of works or building (if different to above):</p> <p>FULL NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>_____</p>													
<p>2. Name and address of person/s or firm/s to whom notifications should be forwarded (Owner/Leaseholder or Designer/Developer/Builder):</p> <p>_____</p> <p>_____</p> <p>_____</p>													

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

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

5. Classification of works or building:

Construction of new building	<u>YES</u>	<u>NO</u>
Material alteration	<u>YES</u>	<u>NO</u>
Material change of use	<u>YES</u>	<u>NO</u>
Extension to a building	<u>YES</u>	<u>NO</u>

Brief description of building:

6. Use of proposed works or building:

(a) Existing use (where a 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) Planning 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.