

**FORM OF APPLICATION FOR A REVISED DISABILITY ACCESS
CERTIFICATE** *Article 20E(2)*

Building Control Acts 1990 and 2007

Application for a Revised Disability Access Certificate

Building Control Authority:

OFFICIAL USE

Date Received _____

Register Ref. _____

Entered on _____

Entered by _____

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: _____

TELEPHONE 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):

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

6. Site area	<u>Original Application</u>	<u>Revised Application</u>
Number of basement storeys	<hr/>	<hr/>
	(sq. metres)	(sq. metres)
Number of storeys above ground level	<hr/>	<hr/>
Height of top floor above ground level	<hr/>	<hr/>
	(metres)	(metres)

Floor area of building	_____	_____
	(sq. metres)	(sq. metres)
Total area of ground floor	_____	_____
	(sq. metres)	(sq. metres)
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7. Amount of Fee (accompanying this application) € _____		

Revised set of working drawings must accompany this application.”.