

## FORM OF APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE

## Building Control Acts 1990 and 2007

Dunding 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	
	of the Building Control Regulations 1997 to icate in respect of proposed works or building to , 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 (dele	te 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	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.