

CLARE COUNTY COUNCIL BUILDING CONTROL AUTHORITY

Building Control Acts 1990 and 2007

OFFICIAL USE

Date Received	_
Register Ref.	
Entered on	_
Entered By	_
Fee Received	

Application Form for a Revised Disability Access Certificate

TO: CLARE COUNTY COUNCIL, BUILDING CONTROL AUTHORITY, CENTRAL FIRE STATION, NEW ROAD, ENNIS, Co. CLARE. 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: **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 designer/Developer/Builder):	to whom notifications sh	nould be fo	rwarded (Owner/Leaseholder	or
3.	Name and address of person/s or firm/s and specifications.	responsible for preparati	on of acco	mpanying plans, calculations	
4.	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 o	original app	plication:	
6.	Site area	Original Application		Revised Application	
	Number of basement storeys		(m^2)		(m^2)
	Number of storeys above ground level		_		
	Height of top floor above ground level		_ (m)		(m)
	Floor area of building		(m^2)		(m^2)
	Total area of ground floor		_ (m ²)		(m^2)
7.	Amount of Fee (accompanying this a	application)		€	

Note: -

- 1. This Application Form for a Revised Disability Access Certificate must be accompanied by revised plans (including a Site or Layout Plan) and other revised particulars, in duplicate.
- 2. Fee of €800 per Building