

FORM OF APPLICATION FOR A DISABILITY ACCESS CERTIFICATE

Building Control Acts 1990 and 2007 Application for a Disability Access Certificate

Building Control Authority: Roscommon County Council

Address: Áras an Chontae, Roscommon, Co. Roscommon, F42 VR98

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 Disability Access Certificate in respect of the works or building to which the accompanying plans, calculations and specifications apply.

1. APPLICANT: Owner / Leaseholder (delete as appropriate)

Full Name: _____

Address: _____

Signature: _____ Date : _____

Telephone No. _____ E-mail _____

Owner of works or building (if different to above):

Full Name: _____

Address: _____

Telephone No. _____ E-Mail _____

2. Name and address of person/s or firm/s to whom notifications should be forwarded (Owner/Leaseholder or Designer/Developer/Builder):

Telephone: _____ E-mail _____

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

Telephone: _____ E-mail _____

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

5. Classification of works or building:

	YES	No
Construction of new building	<input type="checkbox"/>	<input type="checkbox"/>
Material alteration	<input type="checkbox"/>	<input type="checkbox"/>
Material change of use	<input type="checkbox"/>	<input type="checkbox"/>
Extension to a building	<input type="checkbox"/>	<input type="checkbox"/>

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) € _____

(note fee is €800/building or €500/building if applied for coincident with the Fire Safety Certificate and works have not commenced)

This Application Form must be accompanied by a complete and certified set of drawings for the works or building and a fully detailed Technical Report