FORM OF APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE

Article 20E(2)

BUILDING CONTROL ACTS 1990 to 2020

APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE BUILDING CONTROL AUTHORITY: UNIQUE IDENTIFIER: Application is hereby made under Part III B of the Building Control Regulations 1997 to 2021 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.: Planning Permission Reference No.: 1. REASON FOR REVISED DISABILITY ACCESS CERTIFICATE APPLICATION: (a) Changes arising from grant of planning permission (b) Changes to the granted Disability Access Certificate 2. APPLICANT: Owner Leaseholder (tick as appropriate) FULL NAME: _____ ADDRESS: _____ EIRCODE: TELEPHONE NO: EMAIL: SIGNATURE: _____ DATE: ____ 3. OWNER OF WORKS OR BUILDING (if different to above) FULL NAME: _____ ADDRESS: _____ EIRCODE: TELEPHONE NO: EMAIL: 4. PREPARATION OF REVISED DISABILITY ACCESS CERTIFICATE APPLICATION: Name and address of person/s or firm/s responsible for preparation of accompanying plans, calculations and specifications. FULL NAME: ____ ADDRESS: ____ EIRCODE:

TELEPHONE NO: ____EMAIL: ____

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Address (or other necessary identificati application relates.	on) of the proposed works or	building to which the
	_EIRCODE:	
DESCRIPTION OF CHANGES TO ORIGINAL APPLICATION:	THE PROPOSED WORK	S OR BUILDING FROM
DETAILS OF PROPOSED WORKS	OR BUILDING: Original Application	Davised Application
Site area		(m²)
Number of basement storeys		
Number of storeys above ground level incl. ground floor)		
Height of top floor above ground level	(m)	(m)
Floor area of building	(m²)	(m²)
Total area of ground floor	(m²)	(m²)
		(m²)

This application form must be accompanied by documents that clearly identify and describe the works or building to which the application relates.