

SOUTH DUBLIN COUNTY COUNCIL



APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE Building Control Acts 1990 and 2007

Planning Department, Building Control Section, County Hall,
Town Centre, Tallaght. Dublin 24.

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PLEASE NOTE THAT INFORMATION SUBMITTED WITH YOUR APPLICATION WILL BE AVAILABLE TO VIEW ON THE COUNCIL'S WEBSITE WITH THE EXCEPTION OF CONTACT DETAILS OF APPLICANTS www.sdublincoco.ie

STANDARD APPLICATION FORM & ACCOMPANYING DOCUMENTATION

All questions relevant to the proposal being applied for must be answered.

Non-relevant questions: Please mark n/a

Please ensure all necessary documentation is attached to your application form.

Failure to complete this form or attach necessary documentation, or the submission of incorrect information or omission of required information will lead to the invalidation of your application.

DATA PROTECTION

The publication of applications by planning authorities may lead to applicants being targeted by persons engaged in direct marketing. In response to a request from the Data Protection Commissioner, you are given an opportunity to indicate a preference with regard to the receipt of direct marketing arising from the lodging of this application.

If you are satisfied to receive direct marketing please tick this box.

It is the responsibility of those wishing to use the personal data on applications for direct marketing purposes to be satisfied that they may do so legitimately under the requirements of the Data Protection Acts 1988 & 2003 taking account of the preference outlined above.

Revised Disability Access Certificate Application Form

1. Name of relevant Building Control Authority:

SOUTH DUBLIN COUNTY COUNCIL

2. Location of Proposed Works:

Ordnance Survey Map ref. No. (and the Grid reference where available)

3. Application Details:

Original Disability Access Certificate Application Reference No.

Reason for the Revised Disability Access Certificate Application:

Planning Permission Reference No. _____

4. Applicant Details:

Applicant: Owner/Leaseholder (delete as appropriate)

Full Name:

Addresses must be supplied at end of this application form – Question 10

5. Ownership Details

Owner of works or building if different from applicant:

Name:

Addresses must be supplied at end of this application form – Question 11

6. Person/Agent acting on behalf of the applicant (if any):

Name:

Address to be supplied at end of this application form – Question 12

Should all correspondence be sent to the address provided in Question 12? (please tick appropriate box and note that **if the answer in “No”, all correspondence will be sent to the Applicant’s address provided in Question**

Yes [] No []

7. Person/Firm responsible for preparation of accompanying plans, calculations and specifications:

Name:

Address must be supplied at end of this application form – Question 13

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

9. Site Details

	Original Application	Revised Application
Site Area (sq.m.)		
No. of basement storeys		
No. of storeys above ground level		
Height of top floor above ground level		
Floor area of building (sq.m.)		
Total area of ground floor (sq.m.)		
Amount of fee (accompanying this application: € _____)		
Revised set of working drawings must accompany this application.		

Application is hereby made under Part 111B 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.

Signed (agent or applicant as appropriate): _____

Date: _____

ADDITIONAL CONTACT INFORMATION

THIS WILL NOT BE MADE AVAILABLE PUBLICLY WITH THE APPLICATION AND WILL BE USED FOR COMMUNICATION ONLY

OFFICE USE ONLY –Ref No:

Please note:

- The applicant’s address **must** be submitted on this page.
- If the applicant/agent wishes to submit additional contact information, this may be included here.
- This page will not be published as part of the file.

10. Owner/Leaseholder (person seeking certificate and not an agent on their behalf):

Address (required)	
Telephone No.	
Fax No.	
Email Address	

11. Ownership details (if different from applicant):

Address (required)	
Telephone No.	
Fax No.	
Email Address	

12. Person/Agent acting on behalf of the Applicant (if any):

Address (required)	
Telephone No.	
Fax No.	
Email Address	
Should all correspondence be sent to the above address? (please tick appropriate box). Note that if the answer in “No”, all correspondence will be sent to the Applicant’s address provided in Question 9.	
Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

13. Person responsible for preparation of Drawings and Plans:

Address (required)	
Telephone No.	
Fax No.	
Email Address	

FOR OFFICE USE ONLY

Date Received _____	Reference No: _____
Fee received € _____	Receipt No: _____