

FORM OF APPLICATION FOR A DISABILITY ACCESS CERTIFICATE



Comhairle Chontae Laoise
Laois County Council

OFFICIAL USE

Date received: _____

Register Ref: _____

Entered on: _____

Entered by: _____

Fee received: _____

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

Application is hereby made under Part III B 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)

ADDRESS:

SIGNATURE:

TELEPHONE NO.:

DATE:

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

FULL 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. Classification of works or building:

Construction of new building	<u>YES</u>	<u>NO</u>
Material alteration	<u>YES</u>	<u>NO</u>
Material change of use	<u>YES</u>	<u>NO</u>
Extension to a building	<u>YES</u>	<u>NO</u>
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): €

THIS APPLICATION FORM IS TO BE ACCOMPANIED BY A COMPLETE AND CERTIFIED SET OF DRAWINGS FOR THE WORKS OF BUILDING.

FORM OF REVISED DISABILITY ACCESS CERTIFICATE

Building Control Acts 1990 and 2007

Revised Disability Access Certificate

OFFICIAL USE

Register Ref: _____



**Comhairle Chontae Laoise
Laois County Council**

To: _____ **(Applicant)**

Address: _____

Application for a Revised Disability Access Certificate (Ref. No. _____) for:

***(1)** _____

***(2)** _____

***(3)** _____

Hereby certify that the works or building to which the application relates, if constructed in accordance with the plans, calculations, specifications and particulars submitted, would comply with the requirements of Part M of the Second Schedule to the Building Regulations 1997 to 2008. In considering this application, no assessment has been made as to whether the works or building would comply with the other requirements of the Second Schedule to the Building Regulations 1997 to 2008. This certificate is granted subject to the following conditions –

Dated this _____ day of _____, 20____.

Signed: _____

Senior Executive Officer/Town Clerk* (3)

Directions for completing this form:-

- 1. Indicate nature of works or building to which the application applies.**
- 2. Indicate address of works or building.**
- 3. Delete words which do not apply.**

FORM OF DISABILITY ACCESS CERTIFICATE

Building Control Acts 1990 and 2007

Revised Disability Access Certificate

OFFICIAL USE

Register Ref: _____



Comhairle Chontae Laoise
Laois County Council

To: _____ (Applicant)

Address: _____

Application for a Disability Access Certificate (Ref. No. _____) for:

- * (1) _____
- * (2) _____
- * (3) _____

Hereby certify that the works or building to which the application relates, if constructed in accordance with the plans, calculations, specifications and particulars submitted, would comply with the requirements of Part M of the Second Schedule to the Building Regulations 1997 to 2008. In considering this application, no assessment has been made as to whether the works or building would comply with the other requirements of the Second Schedule to the Building Regulations 1997 to 2008. This certificate is granted subject to the following conditions –

Dated this _____ day of _____, 20____.

Signed: _____

Senior Executive Officer/Town Clerk* (3)

Directions for completing this form:-

1. Indicate nature of works or building to which the application applies.
2. Indicate address of works or building.
3. Delete words which do not apply.

