

Building Control Acts 1990 and 2007

Application for a Revised Disability Access Certificate

Building Control Authority:
Monaghan County Council,
Fire Section,
North Road,
Monaghan.

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 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 _____

Planning Permission Reference No.: _____

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

FULL NAME: _____

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

6.	<u>Original Application</u>	<u>Revised Application</u>
Site Area	_____	_____
Number of basement storeys	_____ (sq. metres)	_____ (sq. metres)
Number of storeys above ground level	_____	_____
Height of top floor above ground level	_____ (metres)	_____ (metres)
Floor area of building	_____ (sq. metres)	_____ (sq. metres)
Total area of ground floor	_____ (sq. metres)	_____ (sq metres)

7. Amount of Fee (accompanying this application) € _____

Revised set of working drawings must accompany this application.