

BUILDING CONTROL ACTS 1990 and 2007

Application for a Disability Access Certificate



Dublin City Council

Comhairle Cathrach Bhaile Átha Cliath

Building Control Division,
Block 4 Floor 2 East, Civic Offices, Wood Quay, Dublin 8
Tel: 01-2222145 Fax: 01-2222669
Email : buildingcontrol@dublincity.ie

Official Use Only

Date Rec.: _____

Reg. Ref. : _____

Entered : _____

Fee. Rec.: _____

Application is hereby made under Part IIIB of the Building Control Regulations 1997 to 2009 for a Disability Access Certificate in respect of proposed works or building to which the accompanying plans, calculations and specifications apply.

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

FULL NAME: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

TEL. : _____ FAX. : _____ Email : _____

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

NAME: _____

ADDRESS: _____

2. **Notifications** will be forwarded to the Applicant (Owner / Leaseholder) first named above.

3. **Designer** (person/s or firm/s responsible for preparation of accompanying plans, calculations and specifications):

FULL NAME: _____

ADDRESS: _____

TEL. : _____ FAX. : _____ Email : _____

4. **Location** (address or other necessary identification) of the proposed works or building to which the application relates: _____

5. **Classification** of works or building (strike out that which doesn't apply):

Construction of new building YES NO Material alteration YES NO

Material change of use YES NO Extension to a building YES NO

Brief description of project: _____

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 these works, use or building? :

(a) Date permission granted _____ (b) Plan No. _____

8. **Details.** 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) No. of basement storeys _____ No. 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 extension _____ (sq. metres) Floor area of material alteration _____ (sq. metres)

9. **Fee** to Accompany this Application : €800 or basis of exemption claimed to be set out :

Other **Documents** Accompanying this Application :

10. **Has a Fire Safety Certificate** (FSC) been applied for, for these works, use or building? :

Date of Application _____ FSA No. _____ Date of Grant _____ FSC No. _____

This Application Form must be accompanied by a complete and certified set of drawings for the works or building.

Notes

- A site layout plan and a location map must be provided.
- Plans, maps, calculations, specifications and other design information must be provided in duplicate.
- Information submitted must demonstrate compliance with the Technical Requirements of Part M of the Second Schedule to the Building Regulations.
- Cheques must be made payable to Dublin City Council.
- The certification may use the words "This information accurately represents both the existing position and my/our intentions /commitment to comply with Part M of the Building Regulations" and be signed and dated by the **applicant**.
- Where an Access Certificate is required a commencement or 7Day form may not be accepted in the absence of such certificate.