

**Building Control Acts 1990 and 2007**

**Application for a Disability Access Certificate**



**Building Control Authority:**

Planning Department,  
Longford County Council,  
Aras an Chontae,  
Great Water Street,  
Longford.

**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 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)

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. Classification of new 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:

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