

Building Control Act, 1990

Application for a Fire Safety Certificate



To Building Control Authority:
Planning Department,
Longford County Council,
Aras an Chontae,
Great Water Street,
Longford.

OFFICIAL USE

Received on _____
Ref. No: _____
Entered in _____
Register on: _____

Application is hereby made under Part III of the Building Control Regulations, 1997, for a Fire Safety 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)

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. Nature of proposed works or building

(a) Classification (please tick as appropriate)

- Construction of new building
- Material alteration
- Material change of use
- Extension to a building

(b) Brief description

6. Use of proposed works or building

(a) Existing use (where a change is proposed) _____

(b) New use _____

7. 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 extension _____ (sq. metres)

Floor area of material alteration _____ (sq. metres)

8. Amount of Fee (accompanying this application) £ _____