

Building Control Acts 1990 and 2007

Application for a Revised Fire Safety 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 IIIA of the Building Control Regulations 1997 to 2009 for a Revised Fire Safety Certificate in respect of proposed works or building to which the accompanying plans, calculations and specifications apply.

Original Fire Safety Certificate application Reference No.: _____

Reason for Revised Fire Safety 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)

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 (i) arising from the granting of planning permission or (ii) from the Fire Safety Certificate granted.

6. Site area	<u>Original Application</u>	<u>Revised Application</u>
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.