

# Building Control Acts 1990 and 2007

## 7 Day Notice



### 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 \_\_\_\_\_

1. I, the undersigned, hereby give 7 days notice in advance of commencement of work on behalf of the person(s) named below \*(at question 4) to the above Building Control Authority (in accordance with Part III A of the Building Control Regulations 1997 to 2009) that I / the person(s) named below \*(at question 4) intend to carry out the development as described below.  
(\*Delete whichever is inappropriate)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of person (s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Commencement date (of works): \_\_\_\_\_ Fee payable (€): \_\_\_\_\_

### 2. PROJECT PARTICULARS:

Description of proposed development: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planning Permission No.: \_\_\_\_\_ Date Granted: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Valid Fire Safety Certificate applied for (Date): \_\_\_\_\_

Fire Safety Certificate No.: \_\_\_\_\_

Location of development: \_\_\_\_\_  
\_\_\_\_\_

**3. Builder Details:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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**4. Building Owner Details: ( if different from Section 1 above )**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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**5. Building Designer Details:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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**6. Information :** Person(s) from whom such plans, documents and any other information, as are necessary to show that the building or works will, if built in accordance with design, comply with the requirements of the Building Regulations, may be obtained.

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_