

FORM OF APPLICATION FOR A DISABILITY ACCESS CERTIFICATE

Building Control Acts 1990 - 2014



**Application for a
Disability Access Certificate**
Building Control Authority –
Sligo County Council

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 2018 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: _____

Telephone No.: _____ Date: _____

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

Full Name: _____

Address: _____

**2. Name & address of person(s) or firm(s) to whom notifications should be forwarded
(owner/leaseholder or Designer/Developer/Builder):**

3. Name & 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 works or building:

Construction of new building	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Material alteration	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Material change of use	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Extension to a building	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Brief description of building:

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 buildings?

(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 _____ (metres)

Height of storeys above ground level _____ (metres)

Height of top floor above ground level _____

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 enclosed €_____.

This application form must be accompanied by a complete and certified set of drawings for the works or building