

# FORM OF APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE

Building Control Acts 1990 - 2014



**Application for a  
Revised 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 Revised Disability Access Certificate in respect of proposed works or building to which the accompanying plans, calculations and specifications apply:

Original Disability Access Certificate application Reference No.: \_\_\_\_\_

Reason for Revised Disability Access Certificate Application: \_\_\_\_\_

Planning Permission Reference: \_\_\_\_\_

### 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):**

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**3. Name & address of person(s) or firm(s) responsible for preparation of accompanying plans, calculations and specifications:**

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**4. Address (or other necessary identification) of the proposed works or building to which the application relates:**

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**5. Description of changes to the proposed works or building from original application:**

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**6. Site Area Original:**

**Original Application Revised Application**

Number of basement storeys

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Number of storeys around  
Ground Level

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Height of top floor above ground

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(metres)

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(metres)

Floor area of building

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(sq. metres)

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(sq. metres)

Total area of ground floor

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(sq. metres)

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(sq. metres)

**7. Amount of Fee (accompanying this application) € \_\_\_\_\_**

**Revised set of working drawings must accompany this application**