



**CLARE COUNTY COUNCIL
BUILDING CONTROL AUTHORITY**

Building Control Acts 1990 and 2007

**Application Form for a
Disability Access Certificate**

Official Use Only

Date Received: _____

Register Ref.: _____

Entered on: _____

Entered by: _____

Fee Received: _____

**TO: CLARE COUNTY COUNCIL, BUILDING CONTROL AUTHORITY, CENTRAL FIRE STATION,
NEW ROAD, ENNIS, Co. CLARE**

Application is hereby made under Part IIIB of the Building Control Regulations 1997 to 2009 for a Disability Access 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: _____

Tel: _____ Date: _____

Owner of works or building (if different from above): _____

Full Name: _____

Address: _____

**2. Name and Address of person(s) or firm(s) to whom notifications should be forwarded to:
(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:**

_____ Tel: _____

_____ Fax: _____

_____ E-Mail: _____

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

5. Classification of works or building:

(a) Classification (please tick as appropriate)

- | | | |
|--------------------------------|------------|-----------|
| • Construction of new building | <u>YES</u> | <u>NO</u> |
| • Material Alteration | <u>YES</u> | <u>NO</u> |
| • Material Change of Use | <u>YES</u> | <u>NO</u> |
| • Extension to a building | <u>YES</u> | <u>NO</u> |

(b) Brief description of building:

6. Use of proposed works or building

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

(b) New use _____

7. Has Planning Permission been applied for and granted for works or building?

Date permission was granted: _____

Planning Permission. No.: _____

8. In the case of:

(a) Works involving the construction of a new building, or works involving the material change of use of a building:

Site Area of Proposed Development _____ (m²)

No. of basement storeys _____

No. of storeys above ground level _____

Height of top floor above ground level _____ (m)

Floor area of building _____ (m²)

Total area of ground floor _____ (m²)

(b) Works involving an extension to a building or works involving the material alteration of a building

Floor area of Extension _____ (m²)

Floor area of material alteration _____ (m²)

9. Amount of Fee (accompanying this application) € _____

This Application Form must be accompanied by a complete and certified set of drawings for the works or building.

Note: -

- 1. This Application Form for a Disability Access Certificate must be accompanied by plans (including a Site or Layout Plan) and other particulars, in duplicate.**
- 2. Fee of €800 per Building**