

Building Control Acts 1990 and 2007
Application for a Revised Disability Access Certificate

OFFICIAL USE	
Date Received _____	Entered on _____
Register Ref. _____	Entered by _____
Fee Received _____	

Application is hereby made under Part IIIB of the Building Control Regulations 1997 to 2009 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 No.: _____

1. APPLICANT: Owner / Leaseholder (delete as appropriate)

Full Name: _____

Address: _____

Signature: _____ Date: _____ Tel: _____

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

Full 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:

6. Site area	Original Application	Revised Application
Number of basement storeys	<hr/> (sq. metres)	<hr/> (sq. metres)
Number of storeys above ground level	<hr/>	<hr/>
Height of top floor above ground level	<hr/> (metres)	<hr/> (metres)
Floor area of building	<hr/> (sq. metres)	<hr/> (sq. metres)
Total area of ground floor	<hr/> (sq. metres)	<hr/> (sq. metres)

7. Amount of Fee (accompanying this application) _____

Revised set of working drawings must accompany this application.”.