

KILKENNY COUNTY COUNCIL

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Building Control Section,
Johns street,
Kilkenny,
Co. Kilkenny.

BUILDING CONTROL ACTS, 1990 AND 2007

APPLICATION FOR A DISABILITY ACCESS CERTIFICATE

TO: **Kilkenny County Council,
Building Control Section,
Johns Street,
Kilkenny,
County Kilkenny.**

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 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: _____

TELEPHONE NO. _____ DATE _____

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. Classification of works or building:

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>

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 building?

- (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	_____
Number of storeys above ground level	_____
Height of top floor above ground level	_____ (metres)
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 (accompanying this application) € _____

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

The Application should be accompanied by:

1. Such drawings (including a site or layout plan)(in duplicate), suitably marked, noted, highlighted (e.g. coloured, toned or other) and such other particulars (e.g. a report) as are necessary,
2.
 - (a) to identify and describe the works or building to which the application relates, and
 - (b) to demonstrate how the Building or works comply with the Requirements of Part M 2000, in particular in relation to the following¹, where applicable;
 - (c) Approach to a Building
 - (d) Access to a Building
 - (e) Circulation within a Building
 - (f) Use of facilities within a Building
 - (g) Bedrooms in hotels and other guest accommodations
 - (h) Sanitary conveniences
 - (i) Audience or spectator facilities
 - (j) Apartments in a building.

Sufficient information should be provided to enable the building control authority to assess whether the works or building would, if constructed in accordance with the said plans and other particulars, comply with the requirements of Part M 2000.

(c) to identify the nature and extent of the proposed use and, where appropriate, of the existing use of the building concerned, and

3. Fee of €800 per building (as per Part V of the Building Control Regulations 1997 – 2009)

Please note that the regulations Part V, Section 22 provide an exemption from payment of fees for Disability Access Certificate/Revised Disability Access Certificate in respect of certain voluntary organisations, non-profit making organisations and primary schools where the maximum number of mainstream teachers employed is or will be 4 or less.
