

KILKENNY COUNTY COUNCIL

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**Building Control Section,
Johns Street,
Kilkenny,
Co. Kilkenny.**

**APPLICATION FOR A REVISED DISABILITY ACCESS
CERTIFICATE**

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

**Building Control Authority:
Kilkenny County Council
Johns Street
Kilkenny
Co 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 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: _____

TELEPHONE NO.: _____ DATE: _____

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

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

(sq. metres)

(sq. metres)

Number of basement storeys

Number of storeys above
ground level

Height of top floor above
ground level

(metres)

(metres)

Floor area of building

(sq. metres)

(sq. metres)

Total area of ground floor

(sq. metres)

(sq. metres)

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

Revised set of working drawings must accompany this application