

# KILKENNY COUNTY COUNCIL

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Building Control Section, Kilkenny County Council,  
County Hall, John Street, Kilkenny R95 A39T



## APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE

### Building Control Acts 1990 to 2014 Application for a Revised Disability Access Certificate

Building Control Authority: Kilkenny County Council

Send To: **Building Control Section  
Kilkenny County Council  
County Hall  
John Street  
Kilkenny R95 A39T**

#### 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 2021 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):

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and 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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	<u>Original Application</u>	<u>Revised Application</u>
6.		
Site Area	_____ (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) € \_\_\_\_\_

All questions must be answered, and a revised set of working drawings and report must accompany this application.

An application for a Revised Disability Access Certificate must be in accordance with the requirements of Article 20E (2) of the Regulations.

A "Revised Disability Access Certificate" is required where significant revision is made to the design or works of a building for which a Disability Access Certificate has already been granted.

