

**BUILDING CONTROL ACTS 1990 and 2007  
APPLICATION FOR A DISABILITY ACCESS CERTIFICATE**

**Building Control Authority:**

Louth County Council  
County Hall  
Millennium Centre  
Dundalk

**OFFICIAL USE**

Date Received \_\_\_\_\_  
Register Ref. \_\_\_\_\_  
Entered on \_\_\_\_\_  
Entered by \_\_\_\_\_  
Fee Received \_\_\_\_\_  
Receipt No. \_\_\_\_\_

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:

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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 \_\_\_\_\_

Floor area of building \_\_\_\_\_

Total area of ground floor \_\_\_\_\_

(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 a complete and certified set of drawings for the works or building.**