

THIRD SCHEDULE
Form of Application For A Disability Access Certificate
Article 20D(4)

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

Building Control Authority:
Mayo County Council
Fire Brigade, H.Q.
Humbert Way,
Castlebar,
Co. Mayo
F23 V089

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 notification 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 | YES | NO |
| • Material alteration | YES | NO |
| • Material change of use | YES | NO |
| • Extension to a building | YES | NO |

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 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.

Notes for Guidance of Applicant for Completion of Application for a Disability Access Certificate

An application must clearly and fully demonstrate how the building or works comply with the requirements of Part M of the Second Schedule to the Building Regulations.

The application shall be accompanied by the completed application form, appropriate fee where applicable and such plans (including a site or layout plan) (in duplicate) and such other particulars as are necessary to:

- Identify and describe the works or building to which the application relates,
- Enable the building control authority to assess, whether the said works or building would, if constructed in accordance with the said plans, and other particulars, comply with the requirements of Part M of the Second Schedule to the Building Regulations,
- Identify the nature and extent of the proposed use and, where appropriate, of the existing use of the building concerned.

Plans, sections, or drawings shall be required to be at a suitable scale and all text and dimensions should be of a size and colour contrast that can be easily read. Only information pertinent to the application for a Disability Access Certificate should be included.

The application fee is €800 per building, or €500 if application is made prior to commencement and coincides with an application for a Fire Safety Certificate, where relevant.