

**THIRD SCHEDULE**  
**Form of Application For A Revised Disability Access Certificate**

Article 20E(2)

**Building Control Acts 1990 and 2007**  
**Application for a Revised 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 Revised Disability Access Certificate in respect of the 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):

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)

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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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6.	<u>Original Application</u>	<u>Revised Application</u>
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) € \_\_\_\_\_

**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 Revised 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.