APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE

OFFICE USE ONLY

Date received:

Register Ref.:

Entered on:

Entered by:

Comhairle Cathrach Chorcaí Cork City Council



Building Control Section City Hall Anglesea Street Cork

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 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				
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 persons/s or firm/s to whom notifications should (Owner/Leaseholder or Designer/Developer/Builder):	be forwarded			

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 p	oroposed works or building from o	riginal application:	
6.	Site area	Original Application	Revised Application	
	Number of basement storeys	(sq. metres)	(sq. metres)	
	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.

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