

**FORM OF APPLICATION FOR A REVISED DISABILITY ACCESS Article 20E(2)
CERTIFICATE**

<p>Building Control Acts 1990 and 2007 Application for a Revised Disability Access Certificate</p>		
	OFFICIAL USE	
Building Control Authority:	Date Received -----	
	Register Ref.	
	Fee Received	
<p>Application is hereby made under Part IIIB of the Building Control Regulations 1997 to 2009 for a Revised Disability Access Certificate in respect of proposed works or building to which the accompanying plans, calculations and specifications apply.</p>		
Original Disability Access Certificate		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):		
4. Address (or other necessary identification) of the proposed works or building to which the application relates:		
5. Description of changes to the proposed works or building from original 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) _____
	(sq. metres)	(sq. metres) _____
7. Amount of Fee (accompanying this application) \ _____		

Revised set of working drawings must accompany this application.”