

APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE

**Comhairle Cathrach Chorcaí**      **Cork City Council**



Building Control Section  
City Hall  
Anglesea Street  
Cork

**OFFICE USE ONLY**

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 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. \_\_\_\_\_

**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 persons/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. 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)

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.*