

Amendment of the Second Schedule to the Principal Regulations.

21. The following is substituted for the Second Schedule to the Principal Regulations:

"Article 9

SECOND SCHEDULE**FORM OF COMMENCEMENT NOTICE FOR DEVELOPMENT**

**(Notice to a Building Control Authority pursuant to Part II of the
Building Control Regulations 1997 to 2009)**

Building Control Authority:

OFFICIAL USE

Date Received _____
Register Ref. _____
Entered on _____
Entered by _____
Fee Received _____

1. I, the undersigned, hereby give notice/give notice on behalf of the person(s) named below **(at question 4)* to the above Building Control Authority (in accordance with Part II of the Building Control Regulations 1997 to 2009) that I/the persons named below **(at question 4)* intend to carry out the development as described below.
*(*Delete whichever is inappropriate)*

Signature: _____ Date: _____

Tel: _____ Fax: _____

Email: _____

Name of person(s): _____

Address: _____

Commencement date (of works): _____ Fee payable (€): _____

2a. PROJECT PARTICULARS: *(In addition, for Residential Developments, please complete Section 2b below)*

Description of proposed development: _____

Planning Permission No.: _____ Date Granted: _____

Date of expiry: _____

Fire Safety Certificate No. (if applicable): _____

Disability Access Certificate No. (if applicable): _____

Location of development: _____

2b. Residential Development Information:

Total no. of dwelling units (all phases*): _____ Total no. of phases* _____

Phase for this commencement notice: _____

No. of units for this phase/commencement notice**:

Commencement date for this phase: _____

(Proposed) End-date for this phase: _____

*Where applicable, i.e. phasing not relevant for single houses. **Include single house figure here also.

3. Builder:

Name: _____ Tel: _____ Fax: _____

Address: _____

Email: _____

4. Building Owner Details: (if different from Section 1 above)

Name: _____ Tel: _____ Fax: _____

Address: _____

Email: _____

5. Building Designer Details:

Name: _____ Tel: _____ Fax: _____

Address: _____

Email: _____

6. Information: Person(s) from whom such plans, documents and any other information, as are necessary to show that the building or works will, if built in accordance with design, comply with the requirements of the Building Regulations, may be obtained.

Name: _____ Tel: _____ Fax: _____

Address: _____

Email: _____

7. Drainage System Foundations: Person(s) from whom notifications of the pouring of any foundations and/or the covering up of any drainage systems may be obtained.

Name: _____ Tel: _____ Fax: _____

Address: _____

Email: _____

Amendment of the Third Schedule to the Principal Regulations.

22. The following is inserted in the Third Schedule to the Principal Regulations after the form set out therein entitled Form of Application for a Fire Safety Certificate:

“FORM OF 7 DAY NOTICE

Article 20A(2)

<p>Building Control Acts 1990 and 2007</p> <p>7 Day Notice</p> <hr/>	
<p>Building Control Authority:</p> <p>_____</p>	<p style="text-align: center;">OFFICIAL USE</p> <p>Date Received _____</p> <p>Register Ref. _____</p> <p>Entered on _____</p> <p>Entered by _____</p> <p>Fee Received _____</p>
<hr/> <p>1. I, the undersigned, hereby give 7 days notice in advance of commencement of work on behalf of the person(s) named below <i>*(at question 4)</i> to the above Building Control Authority (in accordance with Part III A of the Building Control Regulations 1997 to 2009) that I / the person(s) named below <i>*(at question 4)</i> intend to carry out the development as described below.</p> <p><i>(*Delete whichever is inappropriate)</i></p> <p>Signature: _____ Date: _____</p> <p>Tel: _____ Fax: _____</p> <p>Name of person(s): _____ Email: _____</p> <p>Address: _____</p> <p>_____</p> <p>Commencement date (of works): _____ Fee payable (€): _____</p> <hr/> <p>2. PROJECT PARTICULARS:</p> <p>Description of proposed development: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Planning Permission No.: _____ Date Granted: _____ Date of expiry: _____

Valid Fire Safety Certificate applied for (Date): _____

Fire Safety Certificate No.: _____

Location of development: _____

3. Builder Details:

Name: _____ Tel: _____

Address: _____

Email: _____ Fax: _____

4. Building Owner Details: (if different from Section 1 above)

Name: _____ Tel: _____

Address: _____

Email: _____ Fax: _____

5. Building Designer Details:

Name: _____ Tel: _____

Address: _____

Email: _____ Fax: _____

6. Information: Person(s) from whom such plans, documents and any other information, as are necessary to show that the building or works will, if built in accordance with design, comply with the requirements of the Building Regulations, may be obtained.

Name: _____ Tel: _____

Address: _____

Email: _____ Fax: _____

FORM OF 7 DAY NOTICE STATUTORY DECLARATION**Building Control Acts 1990 and 2007****7 Day Notice Statutory Declaration****Building Control Authority:**

OFFICIAL USE

Date Received	_____
Register Ref.	_____
Entered on	_____
Entered by	_____
Fee Received	_____

I / We _____

of _____

do solemnly and sincerely declare that I / we have made an application to the above Building Control Authority for a Fire Safety Certificate in respect of works commencing not less than 7 days from this date.

Description of works: _____

located at _____

pursuant to Article 12 of the Building Control Regulations 1997 to 2009 and I / we solemnly declare that the application has been completed in full and complies in all respects with the relevant provisions of the Building Control Regulations.

I / We further solemnly declare that any works that have commenced before the grant of the Fire Safety Certificate will comply fully with the Building Regulations and I / we will, within such period as may be specified by the Building Control Authority, carry out any modification of such works that is required by or under the Fire Safety Certificate, including any condition(s) attached to the Fire Safety Certificate when granted by the Building Control Authority.

Signed: _____

Date: _____

Signed in the presence of Commissioner of Oaths:—

Name: _____

Address: _____

Signature: _____

Commissioner of Oaths

Warning: It is an offence for a person to knowingly or recklessly make a Statutory Declaration that is false or misleading in a material respect.

FORM OF APPLICATION FOR A REVISED FIRE SAFETY CERTIFICATE**Building Control Acts 1990 and 2007****Application for a Revised Fire Safety Certificate****Building Control Authority:**

OFFICIAL USE

Date Received _____

Register Ref. _____

Entered on _____

Entered by _____

Fee Received _____

Application is hereby made under Part IIIA of the Building Control Regulations 1997 to 2009 for a Revised Fire Safety Certificate in respect of proposed works or building to which the accompanying plans, calculations and specifications apply.

Original Fire Safety Certificate application Reference No.: _____

Reason for Revised Fire Safety 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):

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 (i) arising from the granting of planning permission or (ii) from the Fire Safety Certificate granted.

6. Site area	<u>Original Application</u>	<u>Revised Application</u>
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)
<hr/>		
7. Amount of Fee (accompanying this application) € _____		
 <i>Revised set of working drawings must accompany this application.</i>		

FORM OF APPLICATION FOR A REGULARISATION CERTIFICATE

Article 20C(2)

Building Control Acts 1990 and 2007

Application for a Regularisation Certificate

Building Control Authority:

OFFICIAL USE

Date Received _____
 Register Ref. _____
 Entered on _____
 Entered by _____
 Fee Received _____

Application is hereby made under Part IIIA of the Building Control Regulations 1997 to 2009 for a Regularisation Certificate in respect of the works or building to which the accompanying drawings apply.

1. APPLICANT: Owner / Leaseholder (delete as appropriate)

FULL NAME: _____

ADDRESS: _____

SIGNATURE: _____

TELEPHONE No.: _____ DATE: _____

Owner of works or building (if different to above): _____

2. Location of works or building: _____

3. Classification of works or building

Construction of new building	<u>YES</u>	<u>NO</u>
Material alteration	<u>YES</u>	<u>NO</u>
Material change of use	<u>YES</u>	<u>NO</u>
Extension to a building	<u>YES</u>	<u>NO</u>

4. Description of works or building:

5. Where a change of use applies:

(a) Existing use _____

(b) New use _____

6. Works involving the construction of a new building, or a building the material use of which is being changed—

(a) Number of basement storeys _____

(b) Number of storeys above ground level _____

(c) Height of top floor above ground level _____ (metres)

(d) Floor area of building _____ (sq. metres)

(e) Total area of ground floor _____ (sq. metres)

7. Works involving an extension or the material alteration of a building:

Floor area of extension _____ (sq. metres)

Floor area of material alteration _____ (sq. metres)

8. Planning Permission for the works or building in question:

Date Planning Permission was granted: _____

Planning Reference No.: _____

9. Date construction started:	_____
Is construction of the building completed?:	<u>YES</u> <u>NO</u>
Date of completion:	_____
Is the building occupied or operational?:	<u>YES</u> <u>NO</u>
Is the building still under construction?:	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%
Have any modifications to the original design been made during construction?:	<u>YES</u> <u>NO</u>
If yes, was planning permission sought (if necessary) for the modifications?:	<u>YES</u> <u>NO</u>

10. Amount of Fee (accompanying this application) €	_____

Note:—

- 1. This Application Form for a Regularisation Certificate must be accompanied by a Statutory Declaration.**
- 2. This Application Form must be accompanied by a complete and certified set of drawings for the works or building as commenced or constructed.**

**FORM OF STATUTORY DECLARATION FOR A REGULARISATION
CERTIFICATE**

Building Control Acts 1990 and 2007

Regularisation Certificate Statutory Declaration

Building Control Authority: _____	OFFICIAL USE Register Ref. _____
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I/We _____

of _____

do solemnly and sincerely declare that the drawings, documents and information supplied in relation to the attached application for a Regularisation Certificate for the building as constructed or in respect of works already carried out to date:

pursuant to article 20C of the Building Control Regulations 1997 to 2009 are true and accurate and that the works comply fully with Part B (Fire Safety) of the Second Schedule to the Building Regulations.

I/We solemnly declare to agree to inspection of the works/building by the Building Control Authority in carrying out its functions under the Act.

I/We solemnly declare to abide by any conditions, including conditions to carry out additional work considered appropriate by the Building Control Authority necessary to enable the Authority to issue a Regularisation Certificate.

I/We accept that where the conditions attached to the Regularisation Certificate are not fully complied with to the satisfaction of the Building Control Authority within a period of 4 months from the date of issue of the Regularisation Certificate, the Certificate shall not have effect.

Signed: _____

Date: _____

Signed in the presence of Commissioner of Oaths:-

Name: _____

Address: _____

Signature: _____

Commissioner of Oaths

Warning: It is an offence for a person to knowingly or recklessly make a Statutory Declaration that is false or misleading in a material respect.

FORM OF APPLICATION FOR A DISABILITY ACCESS CERTIFICATE**Building Control Acts 1990 and 2007****Application for a Disability Access Certificate****Building Control Authority:**

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 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. Classification of works or building:

Construction of new building	<u>YES</u>	<u>NO</u>
Material alteration	<u>YES</u>	<u>NO</u>
Material change of use	<u>YES</u>	<u>NO</u>
Extension to a building	<u>YES</u>	<u>NO</u>

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 building 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.

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:

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 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):

NAME: _____

ADDRESS: _____

2. Name and address of person/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

	<u>Original Application</u>	<u>Revised Application</u>
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)
<hr/>		
7. Amount of Fee (accompanying this application)	€ _____	

Revised set of working drawings must accompany this application.”.

Amendment of the Fourth Schedule to the Principal Regulations.

23. The following is inserted in the Fourth Schedule to the Principal Regulations after the form set out therein entitled Fire Safety Certificate:

"Article 20B(6)

FORM OF REVISED FIRE SAFETY CERTIFICATE

<p>Building Control Acts 1990 and 2007</p> <p>Revised Fire Safety Certificate</p>	
<p>Building Control Authority:</p> <p>_____</p>	<p style="text-align: center; margin: 0;">OFFICIAL USE</p> <p>Register Ref. _____</p>
<p>To. _____ (Applicant)</p> <p>Address _____</p> <p>_____</p> <p>_____</p>	
<p>Application for a Revised Fire Safety Certificate (Ref. No. _____) for:</p> <p>* (1) _____</p> <p>* (2) _____</p> <p>* (3) _____</p>	
<p><i>hereby certify that the works or building to which the application relates, will, if constructed in accordance with the plans, calculations, specifications and particulars submitted, comply with the requirements of Part B of the Second Schedule to the Building Regulations 1997 to 2008. In considering this application no assessment has been made to whether the works or building will comply with the other requirements of the Second Schedule to the Building Regulations 1997 to 2008. This certificate is granted subject to the following conditions—</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Dated this _____ day of _____ 20_____</p>	
<p>Signed _____</p> <p style="text-align: center;">Senior Executive Officer / Town Clerk *(4)</p>	

Directions for completing this form:—

- (1) Indicate nature of works or building to which the application applies.
- (2) Indicate address of works or building.
- (3) Indicate name of Building Control Authority.
- (4) Delete words which do not apply.

FORM OF REGULARISATION CERTIFICATE**Building Control Acts 1990 and 2007****Regularisation Certificate****Building Control Authority:**

OFFICIAL USE

Register Ref. _____

To. _____ (Applicant)

Address _____

Application for a Regularisation Certificate (Ref. No. _____) for:

*(1) _____

*(2) _____

*(3) _____

hereby certify that in its opinion, the works as constructed in accordance with plans, documents and information submitted, comply with the requirements of Part B of the Second Schedule to the Building Regulations 1997 to 2008. In considering the application, no assessment has been made as to whether the works or building will comply or is in compliance, as appropriate, with the other requirements of the Second Schedule to the Building Regulations 1997 to 2008. This certificate is granted subject to compliance with the following conditions: (if appropriate)

Dated this _____ day of _____ 20_____

Signed _____

Senior Executive Officer / Town Clerk *(4)

Directions for completing this form:—

- (1) Indicate nature of works or building to which the application applies.
- (2) Indicate address of works or building.
- (3) Indicate name of Building Control Authority.
- (4) Delete words which do not apply.

FORM OF DISABILITY ACCESS CERTIFICATE

Article 20D(8)

Building Control Acts 1990 and 2007

Disability Access Certificate

Building Control Authority:

OFFICIAL USE

Register Ref. _____

To. _____ (Applicant)

Address _____

Application for a Disability Access Certificate (Ref. No. _____) for:

*(1) _____

*(2) _____

*(3) _____

hereby certify that the works or building to which the application relates, if constructed in accordance with the plans, calculations, specifications and particulars submitted, would comply with the requirements of Part M of the Second Schedule to the Building Regulations 1997 to 2008. In considering this application no assessment has been made as to whether the works or building would comply with the other requirements of the Second Schedule to the Building Regulations 1997 to 2008. This certificate is granted subject to the following conditions -

Dated this _____ day of _____ 20_____

Signed _____

Senior Executive Officer / Town Clerk *(4)

Directions for completing this form:—

- (1) Indicate nature of works or building to which the application applies.
- (2) Indicate address of works or building.
- (3) Indicate name of Building Control Authority.
- (4) Delete words which do not apply.

FORM OF REVISED DISABILITY ACCESS CERTIFICATE

**Building Control Acts 1990 and 2007
Revised Disability Access Certificate**

Building Control Authority:

OFFICIAL USE

Register Ref. _____

To _____ (Applicant)

Address _____

Application for a Revised Disability Access Certificate (Ref. No. _____) for:

* (1) _____

* (2) _____

* (3) _____

hereby certify that the works or building to which the application relates, if constructed in accordance with the plans, calculations, specifications and particulars submitted, would comply with the requirements of Part M of the Second Schedule to the Building Regulations 1997 to 2008. In considering this application no assessment has been made as to whether the works or building would comply with the other requirements of the Second Schedule to the Building Regulations 1997 to 2008. This certificate is granted subject to the following conditions—

Dated this _____ day of _____ 20_____

Signed _____

Senior Executive Officer / Town Clerk *(4)

Directions for completing this form:—

- (1) Indicate nature of works or building to which the application applies.
- (2) Indicate address of works or building.
- (3) Indicate name of Building Control Authority.
- (4) Delete words which do not apply.