**Building Control, Offaly County Council, Central Fire Station,**

**Tullamore, Co. Offaly.**

**Tel: (057) 9327410, Fax: (057) 9351524, Web:** [**www.offaly.ie**](http://www.offaly.ie)

[**Email buildingcontrol@offalycoco.ie**](mailto:Email%20buildingcontrol@offalycoco.ie)

**BUILDING CONTROL ACT, 1990, 2007**

**APPLICATION FOR A 7 DAY NOTICE**

|  |  |  |
| --- | --- | --- |
| **To:** | **Building Control Department** | **BUILDING CONTROL**  **OFFICIAL USE** |
| **Address**: | **Central Fire Station**  **Sragh, Tullamore**  **Co Offaly** | Date Received:  Register Ref: |
| Entered on: |
| Entered by: |
| 1. I, the undersigned, hereby give 7 days notice in advance of commencement of work on behalf of the person(*s*) named below \*(*at question 4*) 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 \*(*at question 4*) intend to carry out the development as described below. | | Fee Received: |

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| (\**Delete whichever is inappropriate*) | | |
| Signature: | Date: |  |
| Tel: | Fax: | |
| Name of person(*s*): | Email: |  |

Commencement date (of works): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee payable (\): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.**  **PROJECT PARTICULARS (**Description of proposed development)

Description:

Planning Permission No.:

Date Granted:

Date of expiry:

Valid Fire Safety Certificate applied for (Date):

Fire Safety Certificate No.:

Location of development:

**6.** Works involving the construction of a new building or building material



**8**. Planning Permission for the works or building in question: Date Planning Permission was granted: ———————

Planning Reference No.: —————————

**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)

**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:

**5**. **Building Designer Details**

Name: Tel:

Address:

Email: Fax:

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

Name: Tel:

Address:

Email: Fax:

**3**. **Builder details**:

Name: Tel:

Address:

Email: Fax: