

COMHAIRLE CHONTAE CHILL CHAINNIGH - KILKENNY COUNTY COUNCIL

Tel.: 056 - 7794400

Fax: 056 - 7794425

web: www.kilkennycoco.ie

web: www.fire.kilkennycoco.ie

**Building Control Section (Fire),
Fire Service Headquarters,
Gaol Road,
Kilkenny, R95 R660**

BUILDING CONTROL ACTS, 1990 and 2007

FORM OF APPLICATION

FOR A 7-DAY NOTICE *Article 20A(2) from SI 9 of 2014*

ALL RELEVANT SECTIONS MUST BE COMPLETED

TO: **Kilkenny County Council,
Kilkenny Fire and Rescue Service,
Building Control Section (Fire),
Fire Service Headquarters,
Gaol Road,
Kilkenny.**



Official Use

Date Received on _____

Ref. No. **7DAYFA** _____

Premises ID _____

Date Entered in Register on _____

Fee Received €.....

Receipt No.

Date Validated on _____

1. I hereby give 7 Days notice in accordance with Part III A of the Building Control Regulations 1997 to 2014) that it is intended to carry out the development as described below.

Name of Building Owner(s): _____

Address of Building Owner(s): _____

Tel: _____ Fax: _____ Email: _____

Proposed Commencement Date: _____

2. I enclose the fee payable for making this Notice of (€): _____

Details of Calculation: _____

Method of Payment: Cheque / Card / EFT Payment Date: _____

3. (A) PROJECT PARTICULARS: (in particular for Residential developments, please complete Section 3b below)

Description of proposed development: _____

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

Valid Fire Safety Certificate applied for (Date): _____

Fire Safety Certificate No.: _____

Location of development: _____

Number of buildings: _____ Number of new buildings: _____

Use of buildings: _____

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FORM OF APPLICATION FOR A 7-DAY NOTICE CERTIFICATE

3. (B) Residential Development Information

Total number of dwelling units (all phases*): _____

Total no. of phases* _____ of which _____ are multiple unit dwellings.

Phase being commenced under this 7 Day Notice: _____

No. of units covered by this phase / 7 Day Notice * *: _____

Commencement date for this phase: _____

(Proposed) End-date for this phase: _____

* where applicable, i.e. phasing not relevant for single houses.

** Include single houses figure here also.

4. Builder Details:

Name: _____ Tel: _____

Address: _____

Email: _____ Fax: _____

Construction Industry Register Ireland registration number (where applicable) _____

5. Building Designer Details:

Name: _____ Tel: _____

Address: _____

Email: _____ Fax: _____

Practice registration number (where applicable) _____

Where required under PART IIIA of the Building Control Regulations 1997-2014, the mandatory certificate of design compliance signed by the above Designer accompanies this 7 Day Notice.

6. Submission of documents (where applicable): a schedule of documents accompanying this 7 day notice is attached in the following format:

Schedule of Documents (Plans, Calculations, Specifications, Ancillary Certificates and Particulars)

Document	Reference	Description / Remarks

7. Signature by Building Owner:

Signature: _____ Date: _____

(Building Owner(s))

Print NAME(s): _____

Role of Signee(s): _____

(role within the company / entity where the applicant is a company or organisation)

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DATA PROTECTION CONSENT FORM

Fire Safety Certificates under the Building Control Regulations and

Fire Services Acts 1981 and 2003

Data Protection Acts 1988 to 2018

I, _____ consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agencies/bodies for the purposes of [1] viewing, assessing, validating, verifying, scanning, storing and retrieving fire safety certificates under the Building Control Regulations 1997 and [2] for use under Pre-Incident Planning under Section 22(4) of the Fire Services Acts 1981 and 2003 for collating, preparation and using such data and [3] to assist in the administration and provision of an efficient and effective emergency response in accordance with the Fire Services Acts 1981 and 2003.

I agree that Kilkenny County Council when assessing my application may contact other Government Departments including Department of Social Protection, Revenue Commissioners and the Department of Justice to confirm the information provided.

Any personal information which you provide may be shared/exchanged with other Government Departments/Agencies in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations, for the detection of fraud or for the prevention of crime and in relation to compliance with relevant Fire Safety, Building Control and Building Regulation legislations.

Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of [1] viewing, assessing, validating, verifying, scanning, storing and retrieving fire safety certificates under the Building Control Regulations 1997 and [2] for use under Pre-Incident Planning under Section 22(4) of the Fire Services Acts 1981 and 2003 for collating, preparation and using such data and in accordance with the Council's Retention Policy.

Signed: _____ Date: _____

Name: _____
(PRINT in Block Capitals)

I do not consent to my data being processed, shared and stored by Kilkenny County Council for the purposes outlined above.

Signed: _____ Date: _____

Name: _____
(PRINT in Block Capitals)