

**COMHAIRLE CHONTAE CHILL CHAINNIGH - KILKENNY COUNTY COUNCIL**

Tel.: 056 - 7794400

Fax: 056 - 7794425

web: [www.kilkennycoco.ie](http://www.kilkennycoco.ie)

web: [www.fire.kilkennycoco.ie](http://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** \_\_\_ \_\_\_ **KK**

Premises ID \_\_\_\_\_

BCMS Reference No. \_\_\_\_\_

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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**FORM OF APPLICATION FOR A FIRE SAFETY CERTIFICATE**

**QUICK REFERENCE CHECKLIST**

**DATA PROTECTION NOTICE**

Fire Safety Certificates under the Building Control Regulations and  
Fire Services Act 1981 and 2003

**Data Protection Acts 1988 to 2018**

Personal information requested when completing this form will be used for the purpose of assessing and administering your application for a Fire Safety Certificate.

This information may be shared 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 understand that Kilkenny County Council may contact other Government Departments including Department of Social Protection, Revenue Commissioners and the Department of Justice to confirm the information provided.

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.

Further information on how we process your personal information can be obtained [HERE](#).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(PRINT in Block Capitals)