

**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.**

**BUILDING CONTROL ACTS, 1990 and 2007**

**FORM OF 7-DAY NOTICE**

**STATUTORY DECLARATION** Article 20A(2)

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 \_\_\_ / \_\_\_ / \_\_\_

**7 Day Notice Statutory Declaration**

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: \_\_\_\_\_

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Gaol Road,

Kilkenny.

**FORM OF 7-DAY NOTICE STATUTORY DECLARATION**

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.**