

**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,  
Gaul Road,  
Kilkenny.**

**BUILDING CONTROL ACTS, 1990 and 2007**  
**FORM OF STATUTORY DECLARATION**  
**FOR A**  
**REGULARISATION CERTIFICATE.**

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



**Official Use**

Date Received on \_\_\_/\_\_\_/\_\_\_

Ref. No. **REGFA** \_\_\_\_\_ **KK**

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

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

Date Entered in Register on \_\_\_/\_\_\_/\_\_\_

Fee Received €.....

Receipt No. ....

Date Validated on \_\_\_/\_\_\_/\_\_\_

**REGULARISATION CERTIFICATE STATUTORY DECLARATION**

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 20 C 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: \_\_\_\_\_

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Building Control Section (Fire),

Fire Service Headquarters,

Gaol Road,

Kilkenny.

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

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.**