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

Tel.: 056 - 7794400 Fax: 056 - 7794425 web: www.kilkennycoco.ie web: www.fire.kilkennycoco.ie

Fire Service Headquarters, Gaol Road, Kilkenny, R95 R660

**Building Control Section (Fire),** 

## 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	חנ					

I. I hereby give 7 Days notice	in accordance with Part I	III A of the Building Control Regulations 1997 to		
2014) that it is intended to				
Name of Building Owner(s):	,			
			-	
			-	
l el: Fax	C	Email:		
Proposed Commencement Date	e:			
2. I enclose the fee payable fo	or making this Notice of (	€):		
Details of Calculation:				
Method of Payment: Cheque	e / Card / EFT Paym			
3. (A) PROJECT PARTICU	JLARS: (in particular for Re	esidential developments, please complete Section 3b below)		
Description of proposed development	opment:			
			-	
Planning Permission No.	Date Granted:	Date of Expiry:	_	
Valid Fire Safety Certificate app	lied for (Date):			
Fire Safety Certificate No.:				
Location of development:			_	
			_	
Number of buildings:	Νι	Number of new buildings:		
Use of buildings:				

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Kilkenny, R95 R660

## FORM OF APPLICATION FOR A 7-DAY NOTICE CERTIFICATE

	dential Developm of dwelling units (a			
Total no. of p	hases*	of which	are multiple unit	dwellings.
Phase being c	ommenced under t	nis 7 Day Notice:	<del></del>	
No. of units o	overed by this phas	e / 7 Day Notice * *:	<del> </del>	
Commencem	ent date for this ph	ase:		
(Proposed) E	nd-date for this pha	se:		
* where applicat	ole, i.e. phasing not rele	vant for single houses.		
	e houses figure here als	o.		
4. Builder I	Details:			
Name:			Tel:	
Address:			<del> </del>	<del></del>
Email:			Fax:	
Construction	Industry Register I	eland registration number	(where applicable)	
5. Building	<b>Designer Details</b>	:		
Name:			Tel:	
Address:				
Email:			Fax:	
Practice regis	tration number (wh	ere applicable)		
-	·			
		A of the Building Control R ne above Designer accomp	Regulations 1997-2014, the manies this 7 Day Notice	andatory certificate
			chedule of documents accor	npanying this 7 day
notice is a	ttached in the follo	wing format:		
Schedule			ations, Ancillary Certificates a	
	Document	Reference	Description / Rer	narks
7. Signatur	e by Building Ow	ner:		
Signatur	e:	[	Date:	
(Building (	Owner(s))			
Print NAN	ME(s):			
(role within	gnee(s): n the combany / entit	y where the applicant is a co	mbany or organisation)	
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