



**Second Schedule**  
**Form of Commencement Notice for Development**  
(Notice to a Building Control Authority pursuant to Part II of the  
Building Control Regulations, 1997)

**Building Control Authority:**  
**CAVAN COUNTY COUNCIL**

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Register Ref: \_\_\_\_\_

Receipt no: \_\_\_\_\_

Receipt date: \_\_\_\_\_

Fee Received: \_\_\_\_\_

**THIS NOTICE MUST BE GIVEN NOT LESS THAN 14 DAYS AND NOT MORE THAN 28 DAYS  
BEFORE THE COMMENCEMENT OF WORK**

**1.** I, the undersigned, hereby give notice/give notice on behalf of the person(s) named below\*, to the above Building Control Authority (in accordance with Part II of the Building Control Regulations) that I/the persons named below\* intend to carry out the development as described below. (\* *Cross out whichever is inappropriate*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of person(s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Commencement date (of works): \_\_\_\_\_ Fee payable (€): \_\_\_\_\_

**2a. PROJECT PARTICULARS:** (*In addition, for Residential Developments, please complete Section 2b below*)

Description of proposed development:

\_\_\_\_\_  
\_\_\_\_\_

**Planning permission no.:** \_\_\_\_\_ **Date of grant:** \_\_\_\_\_ **Date of expiry:** \_\_\_\_\_

**Fire Safety Certificate Number (if applicable):** \_\_\_\_\_

**Location of development:** \_\_\_\_\_

**2b. Residential Development Information:**

**Total number of dwelling units (all phases\*):** \_\_\_\_\_ **Total no of phases\*:** \_\_\_\_\_

**Phase for this commencement notice:** \_\_\_\_\_ **No. of units for this phase/commencement notice\*\*:** \_\_\_\_\_

**Commencement date for this phase:** \_\_\_\_\_ **(Proposed) end-date for this phase:** \_\_\_\_\_

\* where applicable, i.e. phasing not relevant for single houses. \*\* include single house figure here also.

**3. Builder:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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**4. Building Owner Details: (if different from Section 1 above)**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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**5. Building Designer Details:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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**6. Information:** Person(s) from whom such plans, documents and any other information, as are necessary to show that the building or works will, if built in accordance with design, comply with the requirements of the Building Regulations, may be obtained.

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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**7. Drainage System Foundations:** Person(s) from whom notifications of the pouring of any foundations and/or the covering up of any drainage systems may be obtained

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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**8. Name and Address to which correspondence is to be sent**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_