

DESIGN CERTIFICATE
Form of Certificate of Compliance (Design)

Building Control Authority:

Mayo County Council
Fire Station HQ
Humbert Way
Castlebar
Co. Mayo
F23 V089

Unique Identifier: _____

(for official use only)

1. This certificate relates to the following building or works:

2. This certificate has been prepared in accordance with the Code of Practice for Inspecting and Certifying Buildings and Works [as published by the Minister under section 3(7) of the Building Control Act 1990] or equivalent.
3. I confirm that I have been commissioned by the building owner to design, in conjunction with others, the building or works described above and to certify such design. I further confirm that I am a person named on a register maintained pursuant to Part 3 or Part 5 of the Building Control Act 2007 or Section 7 of the Institution of Civil Engineers of Ireland (Charter Amendment) Act 1969 and that I am competent to carry out my design and to coordinate the design of others for the building or works concerned.
4. I confirm that the plans, calculations, specifications, ancillary certificates and particulars included in the schedule to the Commencement Notice to which this certificate is relevant, and which have been prepared exercising reasonable skill, care and diligence by me, and by other members of the design team and specialist designers whose design activities I have coordinated, have been prepared to demonstrate compliance with the requirements of the Second Schedule to the Building Regulations insofar as they apply to the building or works concerned.
5. I certify, having exercised reasonable skill, care and diligence, that, having regard to the plans, calculations, specifications and particulars which have been prepared by me and others and having relied on ancillary certificates and particulars referred to at 4 above, the proposed design for the works or building is in compliance with the requirements of the Second Schedule to the Building Regulations insofar as they apply to the building or works concerned.

Signature: _____ Date: _____

Person's Name: _____ Registration No.: _____

On behalf of: _____ (company name where relevant)

Address: _____

Tel: _____ Fax: _____ Email: _____

Practice registration number (where relevant): _____