|  |  |
| --- | --- |
| 1 | **Location of building to which this application relates** |
| Address: |
|  |

|  |  |
| --- | --- |
| 2 | **Proposed Work** |
| Description: |
| Date of commencement: |

|  |  |
| --- | --- |
| 3 | **Approved Inspector** |
| Company Name: |
| Date of Cancellation Notice: |

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | **Applicants Details** | | |
| Name: | | |
| Address: | | |
| Postcode: | E Mail: | Tel: |

|  |  |  |  |
| --- | --- | --- | --- |
| 5 | **Agents Details (if applicable)** | | |
| Name: | | |
| Address: | | |
| Postcode | Email: | Tel: |

|  |  |  |  |
| --- | --- | --- | --- |
| 6 | **Builders Details** | | |
| Name: | | |
| Address: | | |
| Postcode | Email: | Tel: |

|  |  |  |
| --- | --- | --- |
| 7 | **Charges**  Reversion fee based on the information available and site inspections required to assess Building Regulations compliance. Confirmation of fee will be provided if not already obtained. | |
| Reversion Notice Fee: |  |
|  | Person responsible for fee if different to No 1 |  |

|  |  |
| --- | --- |
| 8 | **Additional Information**  1. Where a new building or an extension to a building has been erected are there any trees within 30 metres of the building? (If Yes, show species, size and location on plan) **YES  NO** |
| 2. Does the work include any controlled domestic electrical work?  (If yes, complete 3 below) **YES  NO** |
| 3. If yes, did a competent person, who is registered with a Part P self-certification scheme, carry out the electrical installation? If no or this is not known, an additional charge, will be added to the reversion charge.  **NOT KNOWN YES  NO** |
| 4. New Dwellings  For New Build Houses & Flats No. of units for sale (private) \_\_\_\_\_\_\_\_No. of units for rental (Housing Association) \_     \_\_\_\_\_\_\_  \* I confirm that one or more of the following ‘Optional Requirements’ in the Building Regulations 2010 apply to this work:-  \* i) Regulation 36 (2)(b) – Optional Water Efficiency requirements of 110 litres per person per day;  **YES  NO**  \* ii) Schedule 1 Part M Optional Requirement M4(2) (category 2 – accessible and adaptable dwellings);  **YES  NO**  \*iii) Schedule 1 Part M Optional Requirement M4(3) (category 3 – wheelchair user dwellings)  **YES  NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| 9 | **Declaration** | | |
| This notification is made in relation to the building work as described above and is in accordance with the requirements of the Building Act 1984 & Building (Approved Inspectors etc) Regulations 2010 . | | |
| Name: | Signature: | Date:  / / |