## Haringey Building Control 225 High Road

Wood Green London N22 8HQ

020 8489 5504 Telephone:

building.control@haringey.gov.uk www.haringey.gov.uk/buildingcontrol Email: Website:

Building Regulations Form The Building Act 1984 The Building Regulations 2010					
Full Plans	Building Notice	Regulari	sation	(Select Application Type Reqd)	

Address: *	ng to which work rela Postcode: *		
Owner's details Mr/Mrs/Miss/Ms: *	Forenames: *	Surname: *	
Address: *			
Address: *		Postcode: *	
Email:			
Tel: *		Mobile:	
Name:	applicable)		
Agent's details (if Name: Address:	applicable)	Postcode:	
Address:  Address:	applicable)	Postcode:	
Name: Address:	applicable)	Postcode:	
Address:  Address:	applicable)	Postcode:  Mobile:	
Name: Address: Address: Email: Tel:	applicable)		
Name: Address: Address: Email:	applicable)		
Name: Address: Address: Email: Tel: Builder's details	applicable)		
Name: Address: Address: Email: Tel: Builder's details Name:	applicable)		





Contact De	etails	Address:
Telephone:	020 8489 5504	Haringey Building Control
		225 High Road
Email:	building.control@haringey.gov.uk	Wood Green
Website:	www.haringey.gov.uk/buildingcontrol	London N22 8HQ
5	Electrician: If this application is for a Residential	project which involves the installation of new electrical works,
	please confirm If you are intending to use a Registere	d "Part P" qualified Electrician, who is an Authorised Competent Person our website. Please be advised this will incur a further charge.  YES // NO */
6	Proposed / Completed Work	
	Description: *	
_	Data the Works Commoned (Pegularia	otion Only)
7	Date the Works Commenced (Regularis  Date: *	
8	Use of building	
	1 If new Building or extension please state pro	posed use: *
	2 If existing building state present use: * 3 Is the building to be put to a use which is reverse in the properties of the properties	gulated by the Regulatory Reform (Fire Safety) Order 2005
9	For New Build Dwellings and Newly (	
	Do you have Planning Permission? Have Planning Specified any Optional F	YES□ NO□* Requirements? YES□ NO□* Awaiting Permission □
	Please Specify the Number of Units Re	
	Part M4 (1)	Visitable Dwellings.
		Accessible and Adaptable Dwellings Wheelchair User Dwellings
	• • · · · · · · · · · · · · · · · · · ·	
10	Fees* (see guidance note on fees for information	,
	Type of Fee from Fee Schedule	Fee Submitted (£)
		L_L
11	Statement I agree to the plans being passed in accordance w	ith conditions
	I agree to an extension of time, up to 8 weeks from	the date of this application.
		npleted this form with information which I believe is accurate. ions 12 (2)(b), 12 (2)(a) or 18 (2) and is accompanied by the appropriate fee.
	This application is valid for 3 years from the date o	



Name: \*



Date: \*