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

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| --- | --- |
| 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:       |

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

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| 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 |       |

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| 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 DwellingsFor 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** [ ]  |

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| 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:  / /    |