| Building Regulations 2010 | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| FOR OFFICE USE ONLY | Application Number | Date Received | | | | | | | |
| Please complete this form in BLACK INK with block capitals and answer all questions. If you have any difficulty please ask for advice at the Building Control Office (see reverse). | | | | | | | | | |
| Number | 1 copy of this application form and 2 c | opies of all plans (plus 2 copies of Fire Plans | | | | | | | |

of Plans Required for non-domestic premises to demonstrate compliance with Part B [Fire Safety]) together with the appropriate fee, are required for a full plans application.

| | Applicants name and address | | | | | | | |
|---|--|-----------|-------------------|-----|--|--|--|--|
| | Name: | | | | | | | |
| | Address: | | | | | | | |
| | | | Postcode: | | | | | |
| | Telephone: | email: | | | | | | |
| | Are you the owner of the building? (please to | ick) Yes | No | | | | | |
| | Agents name and address | | | | | | | |
| | Name: | | | | | | | |
| | Address: | | | | | | | |
| | | | Postcode: | | | | | |
| | Telephone: | email: | | | | | | |
| | | | Postcode: | | | | | |
| | Proposed use of building | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Present use (if vacant, last known use): | | | | | | | |
| | Present use (if vacant, last known use): Description of proposed work | | | | | | | |
| _ | , | | Total floor area: | sq. | | | | |
| _ | , | /e): sq.n | | sq. | | | | |





| 8 | Services (please tick which of the following apply) | | | | | | | | | |
|--|--|------------|--------|--------------------------|----------|-------------------|----------------|------------|--|--|
| | A. Water Supply: M | lains | Bore | hole Spring | Well | Other Plea | se state | | | |
| B. Surface water drainage: Mains Soakaway Watercourse Other Please state | | | | | | | | | | |
| | C. Foul water drainage: Mains Septic Tank Cesspool Other Please state | | | | | | | | | |
| 9 | Number of dwellings Where creating new dwellings, please indicate the dwelling provider: Private Sector Registered social landlord Local Authority If the work relates to new dwellings, state the number of dwellings: | | | | | | | | | |
| | If the number of dwellings is different from the number of buildings, state the number of buildings: | | | | | | | | | |
| 10 | Plan Fee Please consult the charges table the estimated cost of the work. Estimated cost: £ | es to deci | de wh | nich one applies to you | ır work. | If table C or E a | pplies you mus | t disclose | | |
| | Fee applicable to the proposed | work: Pla | an fee | e: £ | VAT: £ | 2 | Total fee: £ | | | |
| 11 | Planning permission Do you intend to seek Planning If Planning Permission is alread Date: | | | 1 | n numbe | er: | Yes | No 🗌 | | |
| | Date. | | | Application number: | | | | | | |
| 12 | Consent Do you agree to extend the pres and to the withdrawl and resubn the required information and def | nission of | this a | application if you are u | | | l Yes | No 🗌 | | |
| 13 | Conditions Do you wish the plans to be passed subject to conditions? Yes No | | | | | | | | | |
| 14 | Previous Application Has a Building Regulation applie If yes, state plan number: | cation bee | en ma | ade within the last thre | e years | ? | Yes | No 🗌 | | |
| | | | | | | | | | | |
| s | ignature Applicant / Agent: | | | | | Date: | | | | |
| (| ON SATISFACTORY COMPL | ETION C |)F TH | HE WORK A COMP | LETIO | N CERTIFICAT | E WILL BE IS | SSUED | | |