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

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

|  |  |
| --- | --- |
| 3 | **Approved Inspector/Registered Building Control Approver** |
| Company Name:  |
| Date of Cancellation Notice:  |

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

|  |  |
| --- | --- |
| 5 | **Principal designer/Sole or Lead designer details** |
| Name:  |
| Address:  |
| Postcode | Email:  | Tel:  |

|  |  |
| --- | --- |
| 6 | **Principle contractor/Sole contractor details**  |
| Name:  |
| Address:  |
| Postcode | Email:  | Tel:  |

|  |  |
| --- | --- |
| 7 | **Charges** NOTE: A Reversion fee will fall within the same category charge as an Regularisation, please view our published charges.  |
| Reversion Notice Fee: |  |
|  | Person responsible for fee if different to No 4 |  |

|  |  |
| --- | --- |
| 8 | **Additional Information** 1. Where a new building or an extension to a building has been erected are there any trees within the zone of influences as noted with recognised published guidance? (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** [ ]  |

|  |  |
| --- | --- |
| 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 (Registered Building Control Approvers etc.) (England) Regulations 2024. |
| Name: | Signature: | Date:  |