



This form is to be filled in by the person who intends to carry out building work or agent. If the form is unfamiliar please read the notes on the reverse side or consult the office indicated. Please type or use block capitals.

1 Applicant's details (see note 1) NB: Site inspection charge invoice will be sent to this person, unless requested otherwise. Name: Address: Postcode: Tel.: Fax: Email: 2 Agent's details (if applicable) Name: Address: Postcode: Tel.: Fax: Email: 3 Location of building to which work relates Address: Postcode: Tel.: Fax: 4 Proposed work Description: 5 Use of building 1. If new building or extension please state proposed use: 2. If existing building state present use: 3. Is the building to be put, or intended to be put, to a use which is relevant for the purpose of the Regulatory Reform (Fire Safety) Order 2005 (see note 4) YES/NO 4. Which document has been used to determine satisfactory means of escape provisions? 6 Conditions (see note 5) Do you consent to the plans being passed subject to conditions where appropriate? YES/NO 7 Charges (see note 3, and separate Guidance Notes on Charges for information) 1. Please state total estimated cost of proposals: 2. Please state total floor area of new building or extension: 3. New housing - please state number of dwellings: 8 Completion certificate Following satisfactory completion of the building work a completion certificate will be issued (free of charge) by this Authority 9 Additional information 1. Do the proposals involve the construction of a vehicle crossing over the highway (footpath) YES/NO 2. Are there any trees on this or adjoining sites, or within the highway/landscaped areas YES/NO If yes, full details must be provided on your plans 10 Statement This notice is given in relation to the building work as described, is submitted in accordance with Regulation 14 and is accompanied by the appropriate charge. I understand that further charges may be payable following the first inspection by the local authority, and that the applicant will be responsible for payment of these. Name: Signature: Date: 11 Extension of time * I/We * agree or do not agree to an extension of time up to two months from the date of deposit should this be needed. (This will NOT delay your application and can be mutually beneficial.) * Please delete Signed Date

