

Building Regulations Form

Building Control

The Building Act 1984

| | s Street The Building Regulations 2010 | | | | |
|--|---|---|-------------------|--|--|
| | | | | | |
| St Albans The Building (Local Authority Charges) Regulations 2010 Hertfordshire AL1 3JE | | | | | |
| Email: buildingcontrol@stalbans.gov.uk Tel: 01727 819289 Fields noted * are mandatory | | | | | |
| Email: <u>ballatingcontrol@stalbans.gov.ak</u> Tel. 01727 013203 | | | | | |
| 1* | Location of building to which work relates | | | | |
| - | Address: | | | | |
| | Postcode: Site plan | | | | |
| | 1 osteoder | | | | |
| 2* | Proposed or completed work | | | | |
| _ | Description: | | | | |
| | Date the works commenced (regularisation/reversion only): | | | | |
| | Is the works over or within 3 meters of a public sewer? | | Yes No | | |
| | is the norm of the control of the passive control. | | | | |
| 3* | Use of building | | | | |
| | If new building please tick use: Residential Commercial Industrial | | | | |
| | If existing building please tick use: Residential Commercial Industrial | | | | |
| | Is the building intended to be put to a use which is designated for the purpose of the | Regulatory | | | |
| | Reform (Fire Safety) Order 2005? | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes L No L | | |
| | | | | | |
| 4* | Applicant's details | | | | |
| | Name: Email: | | | | |
| | Address: Telephone: | | | | |
| | Postcode: Mobile: | | | | |
| | • | | | | |
| 5 | Agent's details (if applicable) | | | | |
| | Name: Email: | | | | |
| | Address: Telephone: | | | | |
| | Postcode: Mobile: | | | | |
| | | | | | |
| 6 | Builder's details (if appointed) | | | | |
| | Name: Email: | | | | |
| | Address: Telephone: | | | | |
| | Postcode: Mobile: | | | | |
| | | | | | |
| 7* | Charges | | | | |
| | (i) New dwelling state number of: | | | | |
| | (ii) Domestic extensions and conversions state floor area (m²): | | | | |
| | (c) Domestic alterations state estimated cost of works: | | Fee submitted (£) | | |
| | (d) If your building work is defined as requiring an individual determination of a charge | ge (IDC) you | | | |
| | should contact the Building Control department. | | | | |
| | | | | | |
| 8 | Residential electrical works | | | | |
| | Will a registered competent electrician undertake the electrical works? A supplement | | Yes No | | |
| | will apply if electrical works are not carried out using a registered competent electric | ian | . 55 10 | | |





| 9 | Extension of time (Full Plans only) | | | |
|-----|---|-------------------|--|--|
| | Do you agree to the extension of the prescribed period to the passing or rejection of plans from | Yes No | | |
| | 5 weeks to a maximum of 2 months from the deposited date in accordance with Section 16 (12)? | 163 [100 [| | |
| | | | | |
| 10 | Conditions (Full Plans only) | | | |
| | Do you consent to the plans in accordance with Section 16 (4) and (5) being passed subject to | Yes No | | |
| | conditions where appropriate? | 163 🗀 110 🗀 | | |
| | | | | |
| 11* | Statement | | | |
| | This application is submitted in accordance with Regulation 12 (2) (a) / (b) / 18 respectively of the Building Regulations | | | |
| | 2010 and is accompanied by an appropriate charge. Upon completion of the works a completion certificate in | | | |
| | accordance with Regulation 17 / 18 respectively will be issued. This application is valid for 3 years from the date of | | | |
| | deposit and will expire unless the proposed works are commenced. I have read and understood the | guidelines and | | |
| | completed this form with information which I believe is accurate: | | | |
| | | | | |
| | Name: Signature: Date: | | | |
| | | | | |
| | | | | |
| 12 | Planning | | | |
| | If planning permission / certificate of lawfulness has been granted or an application has been | 5/ / | | |
| | submitted please provide the reference number: | · | | |
| | | | | |
| | | | | |
| 13 | | | | |
| 13 | Authority Employee / Member | | | |
| | | | | |
| | | | | |
| | | | | |
| | With respect to the Authority, is the applicant and /or agent one of the following: Yes ☐ No ☐ | | | |
| | With respect to the Authority, is the applicant and for agent one of the following. Tes in the in- | | | |
| | A. a member of staff | | | |
| | B. an elected member □ | | | |
| | C. related to a member of staff | | | |
| | D. related to an elected member \square | | | |
| | If you answered 'Yes' to C or D, please give details below. | | | |
| | , | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | I understand that knowingly providing false information, or knowingly failing to disclose information, may constitute an offences under the Fraud Act 2006, which could result in disciplinary action and/or criminal | | | |
| | | | | |
| | ••• | ועןטו נוווווווווו | | |
| | or civil action being taken against me | | | |



