

Building Regulations Form

<input type="checkbox"/>	Full Plans
<input type="checkbox"/>	Building Notice (tick appropriate application type)
<input type="checkbox"/>	Regularisation
<input type="checkbox"/>	Reversion

Building Control

Civic Centre Offices

St Peter's Street

St Albans

Hertfordshire AL1 3JE

Email: buildingcontrol@stalbens.gov.uk Tel: 01727 819289

The Building Act 1984

The Building Regulations 2010

The Building (Local Authority Charges) Regulations 2010

Fields noted * are mandatory

1*	Location of building to which work relates	
	Address: _____	
	Postcode: _____	Site plan <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	
3*	Use of building	
	If new building please tick use: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	
	If existing building please tick use: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	
	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 <input type="checkbox"/> No <input type="checkbox"/>	
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	
	(a) New dwelling state number of: _____	
	(b) Domestic extensions and conversions state floor area (m ²): _____	
	(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 (IDC) you should contact the Building Control department.	<input type="text"/>
8	Residential electrical works	
	Will a registered competent electrician undertake the electrical works? A supplementary charge will apply if electrical works are not carried out using a registered competent electrician. Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 5 weeks to a maximum of 2 months from the deposited date in accordance with Section 16 (12)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Conditions (Full Plans only)	
	Do you consent to the plans in accordance with Section 16 (4) and (5) being passed subject to conditions where appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 submitted please provide the reference number:	5/ /