

Building Regulations Form

The Building Act 1984
The Building Regulations 2010

Please indicate
application type:

**A) Full Plans
Submission**
(Any new work)

B) Building Notice
*(Domestic new work
only)*

C) Regularisation
(Existing unauthorised work)

D) Partnership

(Fields noted * are mandatory)

1

Location of building to which work relates

Address: *

Postcode: *

2

Owner's details

Mr/Mrs/Miss/Ms: *

Forenames: *

Surname: *

Address: *

Postcode: *

Email: *

Tel: *

Mobile:

3

Agent's details (if applicable)

Name:

Address:

Postcode:

Email:

Tel:

Mobile:

4

Builder's details

Name:

Address:

Postcode:

Email:

Tel:

Mobile:

Contact Details

Telephone: 020 8359 4500
Email: building.control@barnet.gov.uk
Website: www.barnet.gov.uk

Address:
**London Borough of Barnet
Building Control**
2 Bristol Avenue, Colindale,
London, NW9 4EW

5 **Electrician:**
If this application is for a Residential project which involves the installation of new electrical works, please confirm if you are intending to use a Registered "Part P" qualified Electrician, who is an Authorised Competent Person.
If no, please be advised this will incur a further charge. YES / NO *

6 **Proposed / Completed works**
Description of proposed / completed building work: *

7 **Date the works due to commence (if known) or commenced (Regularisation only)**
Date: *

8 **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 to a use which is regulated by the Regulatory Reform (Fire Safety) Order 2005
YES / NO *

9 **For New Build Dwellings and Newly Created Dwelling Only**
Do you have Planning Permission? YES NO *
Have Planning Specified any Optional Requirements? YES NO * Awaiting Permission *
Please Specify the Number of Units Required Under the Following Categories:
Part M4 (1) Visitable Dwellings..... _____
Part M4 (2) Accessible and Adaptable Dwellings... _____
Part M4 (3) Wheelchair User Dwellings..... _____

10 **Fees** (see Building Control Charges and guidance booklet)

| Fee description | Fee Submitted (£) |
|-----------------|-------------------|
| | |

11 **Statement**
I agree to the plans being passed in accordance with conditions.
I agree to an extension of time, up to 2 months from the date of this application. For further information contact the office.
I have read and understood the guidelines and completed this form with information which I believe is accurate.
This notice is submitted in accordance with regulations 12 (2)(b), 12 (2)(a) or 18 (2) and is accompanied by the appropriate fee.
This application is valid for 3 years from the date of deposit, to commence the works.

Signature: * Print Name: * Date: *