WCCRGB

BUILDING CONTROL

Application No.

## Full Plans Application Form

#### Please read the attached notes before you fill in this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **1 Applicant** | | | |
| Statement | I am submitting this application in line with The Building Act 1984, The Building Safety Act 2022, The Building Regulations 2010 (as amended), The Higher-Risk Buildings (Descriptions and Supplementary Provisions) Regulations 2023. | | |
| Name |  | | |
| Company /Organisation |  | | |
| Address |  | | |
|  | | Postcode |  |
| Email |  | Telephone |  |
|  | | | |
| **2 Owner’s details (if different from above)** | | | |
| Name |  | | |
| Address |  | | |
|  | | Postcode |  |
| Email |  | Telephone |  |
|  | | | |
| **3 Principal contractor/Sole contractor (where known)** | | | |
| Name |  | | |
| Company /Organisation |  | | |
| Address |  | | |
|  | | Postcode |  |
| Email |  | Telephone |  |

City of Westminster BC02 (04/13) District Surveyors

|  |  |  |  |
| --- | --- | --- | --- |
| **4 Principal designer/Sole or Lead designer details** | | | |
| Name |  | | |
| Company /Organisation |  | | |
| Address |  | | |
|  | | Postcode |  |
| Email |  | Telephone |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5 Regulatory Reform (Fire Safety) Order 2005 (as amended)** | | | | |
| Is the building a building to which the Regulatory Reform (Fire Safety) Order 2005 applies or will apply after completion of the building work? | | **Yes / No** \* delete as appropriate | | |
|  | | | | |
| **6 Existing building** | | | | |
| Address of the building or site |  | | | |
| What the building is used for now  (Detail the use of each storey) |  | | Number of storeys (including basements)  In accordance with Regulation 6 of the Higher-Risk Buildings (Descriptions and Supplementary Provisions) Regulation 2023 |  |
| Height of the building |  |

|  |  |  |
| --- | --- | --- |
| **7 Proposed work** | | |
| Description of the planned work or change of use including the proposed use of each storey |  | |
| What is the floor area affected by the works? | | (m2) |
| What is the estimated cost of the works? | | £ |
| Height of the building on completion of the works | |  |
| Number of storeys after completion of the works (including basements)In accordance with Regulation 6 of the Higher-Risk Buildings (Descriptions and Supplementary Provisions) Regulation 2023 | |  |

|  |  |
| --- | --- |
| **8 Commencement (append additional information where necessary)** | |
| State the date when it is proposed the work will reach the point when it is to be regarded as commenced in accordance with Regulation 46A (lapse of building control approval, commencement of work); or where the work does not consist of  work to which paragraph (2) or (3) of Regulation 46A applies, state the details of the work which the client considers amounts to 15% of the proposed work | \_ \_ : \_ \_ : \_ \_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **9 Charges** | | | | | |
| Please show the amount of the application charge you have enclosed. | | | | |  |
| To pay by debit or credit card give the name and phone number of who we can telephone to take payment or to receive our BACS details give a contact email address | | | | |  |
| Person responsible for payment of inspection charge where relevant | | | | | |
| Name | |  | | | |
| Company /Organisation | |  | | | |
| Address | |  | | | |
|  | | | | Postcode |  |
| Email | |  | | Telephone |  |
|  | | | | | |
| **10 Granting of an application for building control approval with full plans subject to requirements** | | | | | |
| Do you consent to the application for building control  approval with full plans being granted with requirements\*? | | | **Yes / No** \* delete as appropriate | | |
| **Declaration** | | | | | |
| This application is deposited in relation to the building work etc., as described above.  It is submitted in accordance with Regulation 12 (2) (b) and is accompanied by the appropriate charge.  I/we apply for Building Notice Acceptance as described on this form and as detailed on any supplementary documents. | | | | | Signature |
|  |
| On behalf of  (Insert applicants name where the declaration is made by an agent) |
|  |
| Date |
| \_ \_ : \_ \_ : \_ \_ \_ \_ |
| **Send the completed application and relevant plans to:** | | | | | |
| Email | districtsurveyors@westminster.gov.uk | | | | |
| Post | Building Control, 13th Floor, 64 Victoria Street, London, SW1E 6QP | | | | |

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